Oral Hygiene

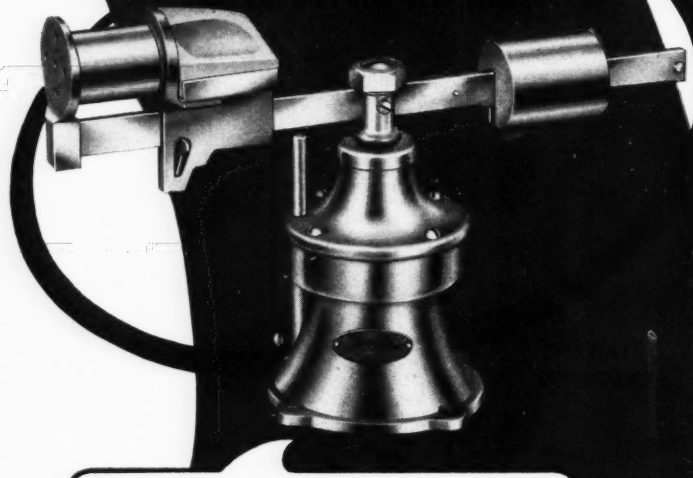
NOVEMBER 1955

"Sitting on Top of the World"—New York City, where the Greater New York Dental Meeting will be held December 5 to 9.

In this issue:

LET'S PRACTICE ORAL MEDICINE

Perfection



● With the Perfection Casting Machine, casting becomes the simplest step in the production of any cast restoration from inlay to denture. The only additional equipment needed for large castings is a set of Akers flasks, Akers counterweights and extra large crucible.

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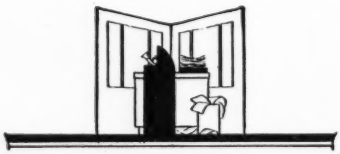


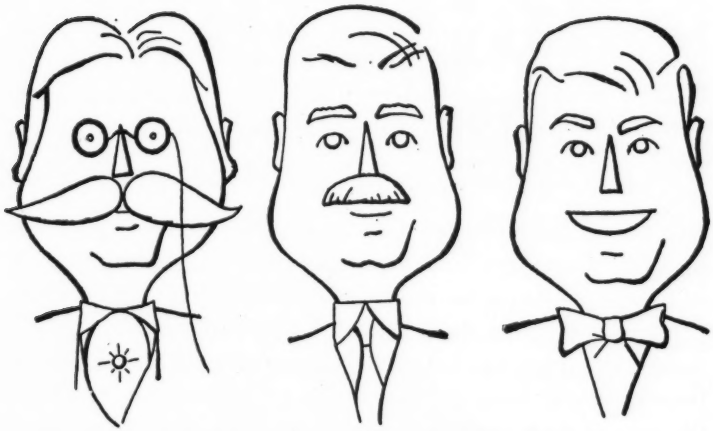
No. 412

When It Wasn't Fashionable to Fret

Now a ball-point pen manufacturer is excitedly advertising that his pens are available in two-tone colors to match the decor of your new two-tone jaloppy. That's a comfort. Imagine realizing, while stuck in a traffic jam on the way to work, that your pen didn't match your hack.

* * *

Some time ago, a friend of the Corner, Doctor John Devine of Albany, reminisced in a letter about early-day dentifrices. That started a train of thought which led back over the years to a dentifrice long forgotten. The name of it eludes me now; it was Somebody's Tooth Soap. It came in a flat tin box with a hinged lid lithographed in gay colors. Each of us—in order of seniority—would have a go at the tooth soap each morning. The line formed at the left. When your turn came, you would wet your brush and take a swipe at the soap-cake in the can. No cap to unscrew; no tube to squeeze. We didn't know much about germs in those days. The little fellers were probably jumping up and



THREE GENERATIONS OF DOCTORS HAVE PRESCRIBED ANTACID, EFFERVESCENT

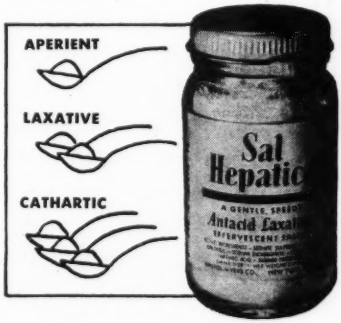
Sal Hepatica®

Since 1897, doctors have consistently prescribed SAL HEPATICA for prompt relief of intestinal stasis. When SAL HEPATICA is taken one-half hour before supper, relief is obtained before bedtime. When taken before breakfast results are usually achieved within an hour.

SAL HEPATICA acts so promptly because it is antacid and effervescent, lessening the emptying time of the stomach. Its osmotic action draws water into the intestine, providing a fluid bulk which is a prompt but gentle stimulus to evacuation.

Pleasant-tasting SAL HEPATICA acts without griping. Being antacid it relieves the hyperacidity frequently accompanying constipation.

SAL HEPATICA is prescribed by many dentists as part of their post-extraction routine.



BRISTOL-MYERS CO., 19 West 50 Street, New York 20, N. Y.

down on the soap-cake, clicking their cute little heels, squealing their delight. For germs, in those days life could be beautiful. Nothing much was done about them. They romped and scampered about pretty much as they damn well pleased, frisky as all get-out.

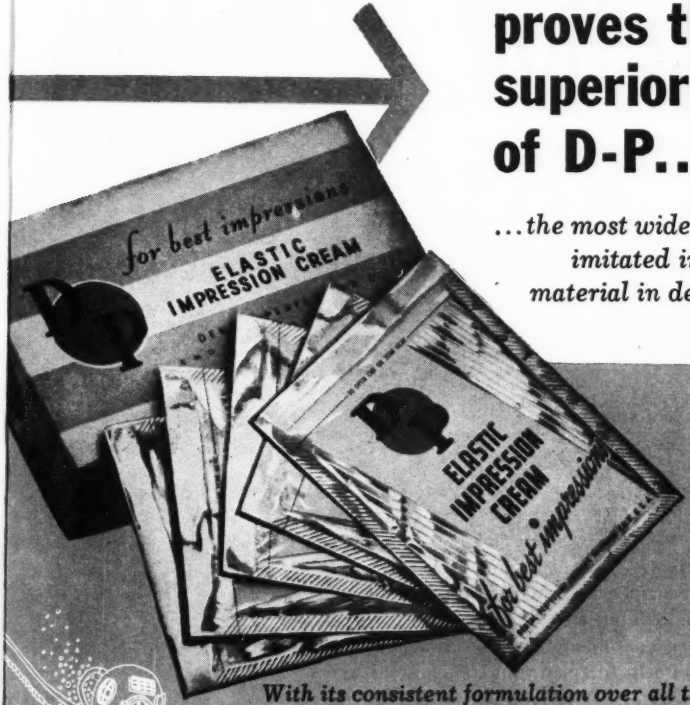
* * *

REMEMBER the early-day grocery stores? Not much stuff was packaged; most groceries were right out in the open. Crackers came in barrels; cheese wore a loose shroud made of mosquito netting; butter was displayed in a big lump and the grocer hacked into it barehanded—with hands with which he had maybe been scratching himself a minute before. Almost everything was the prey of germs and their big brothers the flies. You'd see a fly sliding down a pickle and doing a ski-jump into an open pail of lard, or whatever. Flies had fun. That gluey flypaper called Tanglefoot snared a few—a short life but a merry one. Most flies died of old age, though, or because they had gorged themselves on gratis groceries. As for germs, even now apparently they almost never die but, like old soldiers, just fade away. Maybe you think of germs as unhealthy critters, but from all accounts germs themselves are real rugged, real robust. The more they bite into poor puny you and me, the healthier they get, with muscles like Nature Boy. They sure must have thrived like mad in early-day grocery stores, the days of Somebody's Tooth Soap and similar carefree commodities. You died faster in those good old days—germs didn't but people did. Still, while you did stick around, infested with germs of all colors and all flavors, you lived a more or less uncomplicated life. With little or no effort, you could keep calm or a reasonable facsimile of same. Serenity was easier to come by. It wasn't fashionable to fret—about two-tone ball-point pens for example.

imitation

proves the superiority of D-P...

...the most widely imitated impression material in dentistry!



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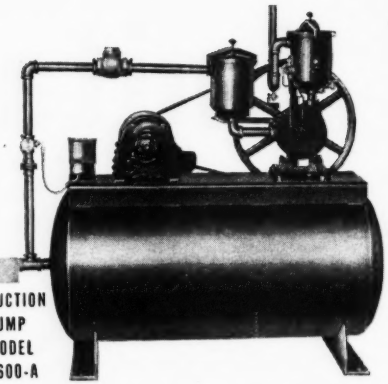

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There's no other prophylactic paste quite like Oralust. None is so efficient, pleasant and convenient to use.

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THE DENTIFRICE YOU PRESCRIBE

Your patients expect extra effectiveness from the dentifrice you recommend.

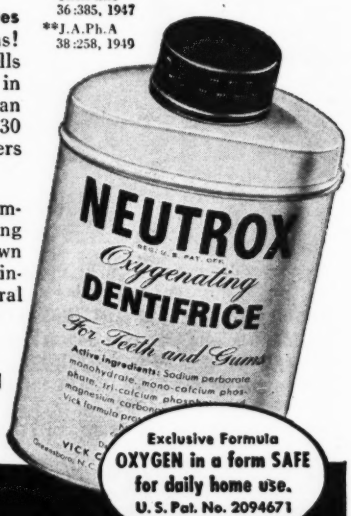
With NEUTROX, your patients get results they can actually see and feel!—outstanding results that add immeasurably to your professional reputation. Here's why:

1. Relieves gingival disorders... Helps prevent recurring gum infections! Neutrox brings quicker, better results because it releases 3.7 times more active oxygen than sodium perborate U.S.P.—and in a neutral solution ***safe*** for daily home use.

2. Actually kills bacilli and spirochetes associated with Vincent's Infections! Tests in vitro prove that Neutrox kills more than 8 million fusiform bacilli in less than 60 seconds*... kills more than 18 billion spirochetes in less than 30 seconds**. No other dentifrice offers this amazing proof!

3. Cleans teeth cleaner because it combines—for the first time—the purifying power of nascent oxygen with its own special polishing agents. It actually intensifies cleaning even in tiniest oral crevices.

*J.A.Ph.A 36:385, 1947
**J.A.Ph.A 38:258, 1949



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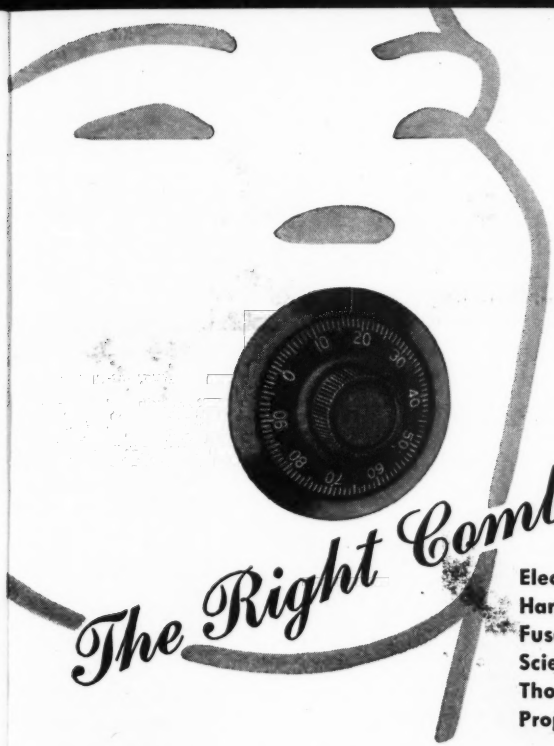

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ANTI-ENZYME ACTION

with sodium dehydroacetate

12 to 24 hours after brushing

BUT ALS

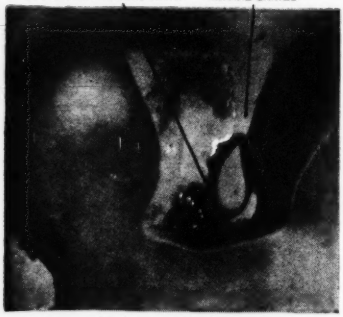
PROVEN

Retention by histochemical methods

12 to 24 hours after brushing

PENETRATION AND STAINING OF SODIUM DEHYDROACETATE

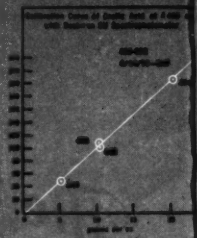
DENTAL FISSURE WITH INITIAL CARIES



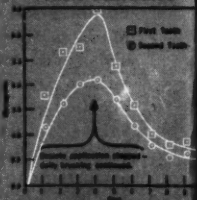
Tooth cross section showing red-stained sodium dehydroacetate in exposed protein of developmental groove (Schiff's differential stain).

Histochemical studies at a leading dental research center prove sodium dehydroacetate is retained on dental plaque, on decalcified enamel areas, and in developmental pits and carious lesions, *both in vitro and in vivo.*

MICRODETERMINATION OF OXALIC ACID



IN VITRO ABSORPTION OF RADIOACTIVE OXALATE FROM DENTIFRICE

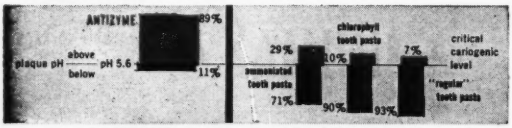


PROVEN

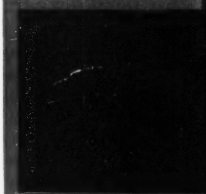
pH control even after sugar rinse

12 to 24 hours after brushing

Although "regular" tooth paste provided pH control for only ½ hour, 9 out of 10 caries-active subjects using Antizyme Tooth Paste obtained continuous pH protection above cariogenic levels for 12 to 24 hours even after a 50% sugar rinse.

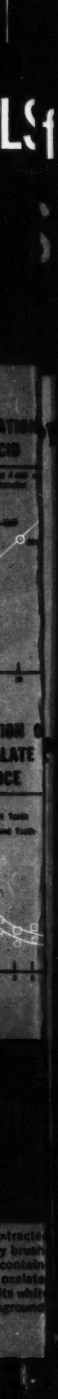


pH control after sugar rinse, 12 to 24 hours after brushing, proves Antizyme's protective action.



Radioautograph of extracted human tooth after daily brushing with a tooth paste containing C^{14} labeled sodium oxalate showing oxalate deposits white against the dark background

SODIUM DEHYDROACETATE IS FOUND EXCLUSIVELY IN ANTIZYME TOOTH PASTE



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for the first time in any dentifrice

SAFE FLUORIDE-LIKE ACTION

PROVEN

Enamel solubility reduction

Investigators have shown that certain ions reduce the solubility of tooth enamel. Among these are the fluoride ions and the less toxic oxalate ions. Some investigators found that when sodium oxalate was dissolved in an acid beverage tooth erosion was greatly reduced. Others reported that natural oxalate-containing foods, such as spinach and rhubarb, produced a protective film on the molars of test animals within one week.

More recently, a study was made on human teeth *in situ*. In this study the uptake of oxalate from the dentifrice was demonstrated. (See graph.)

PROVEN

Retention of oxalate confirmed by tracer studies

In a radioactive study on the transfer of sodium oxalate to teeth by topical application, radioautographs showed oxalate deposits and their location. These deposits *increased daily* as brushing continued. When brushing with the test dentifrice was discontinued, an apparently permanent deposit of oxalate remained in pits, cracks, and lamellae of the enamel, although the amount on the intact surface of the enamel decreased.

This study confirms that the action of oxalate parallels that of the fluoride ions. Yet unlike fluorides, oxalate is safe even for children under six and even in areas where water supplies are fluoridated.

THIS TOOTH ENAMEL PROTECTION, PROVIDED BY THE FLUORIDE-LIKE ACTION OF SODIUM OXALATE, IS FOUND EXCLUSIVELY IN

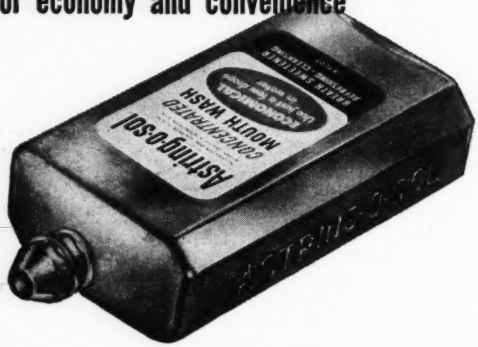
Data available on request

LAMBERT PHARMACAL COMPANY

Division of WARNER-LAMBERT PHARMACEUTICAL COMPANY, Jersey City 6, N. J.

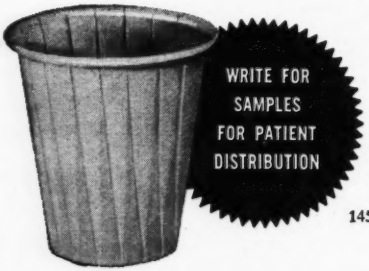
Astring-o-sol mouthwash

concentrated for economy and convenience



a little goes a long way

- Here is a peppy, invigorating mouth rinse that not only tastes good and sweetens the breath, but also helps loosen and flush away organic debris.
- Astring-o-sol is an efficient detergent and effective deodorant. It will not injure delicate oral tissues and is ideal for daily mouth care.
- It's economical . . . it takes only a few drops of concentrated Astring-o-sol in a half-glass of water for a pleasing and effective mouthwash.
- USE IT AT THE CHAIR BEFORE AND AFTER DENTAL PROCEDURES
- RECOMMEND IT TO YOUR PATIENTS FOR DAILY MOUTH CARE



Remember... it takes only drops instead of drams because it's concentrated.

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it's the Filter You Depend on

The VICEROY filter tip contains 20,000 tiny filter traps, made through the solubilization of pure natural material. This is twice as many of these filter traps as any other brand.

We believe this simple fact is one of the principal reasons why so many dentists smoke *and* recommend VICEROY—the cigarette you can *really* depend on! Have *you* discovered VICEROY?

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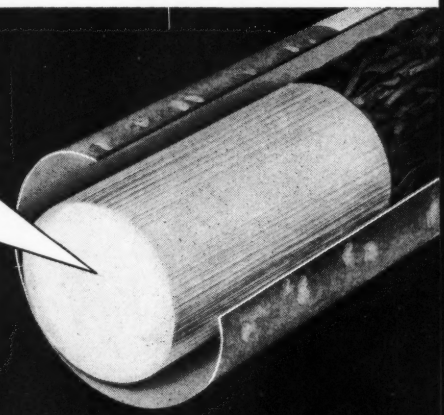
20,000 Filter Traps

TWICE AS MANY OF THESE FILTER TRAPS AS ANY OTHER BRAND!



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Only a Penny or Two More
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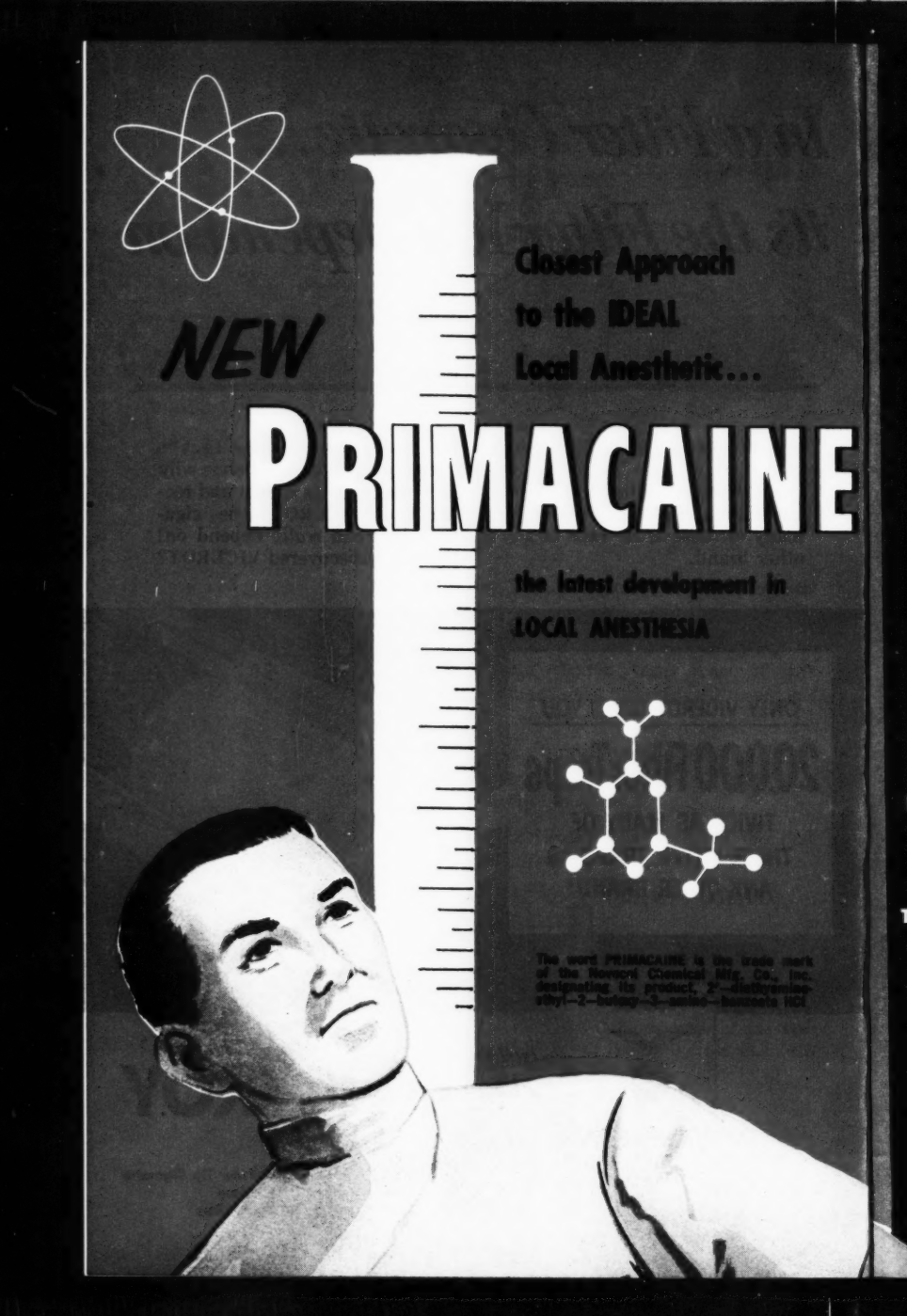
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to the IDEAL
Local Anesthetic...
PRIMACAINE
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SAFE..... Primacaine, while considerably more potent than 2% procaine is in the subcutaneous safety range of this anesthetic. Evidence indicates that Primacaine is partially detoxified by the tissue fluids, whereas other anesthetics are usually detoxified in the liver; an additional safety margin provided by Primacaine.

IDEAL DURATION..... Duration of deep, complete anesthesia is in the moderate range—averaging 1 ½ to 2 hours for infiltration anesthesia and 2 ½ hours following nerve block injections.

TISSUE TOLERANCE..... Primacaine's chemical structure is largely responsible for its non-irritating properties. Dentists who developed dermatitis with other anesthetics have reported negative intradermal wheal and patch tests on their own skin with Primacaine.

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On your prescription, patients may secure ACHROMYCIN Capsules from any pharmacy. Available to you from your usual source of supply.

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Capsules: 250, 100, and 50 mg.
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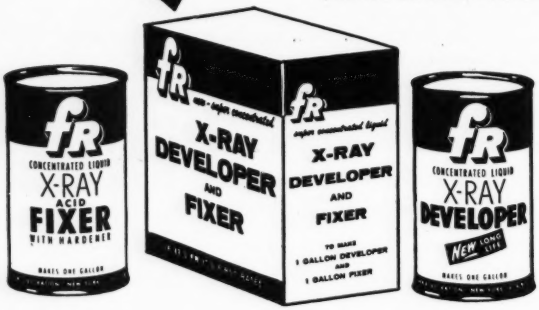
(makes as much as the 32 oz. bottle)



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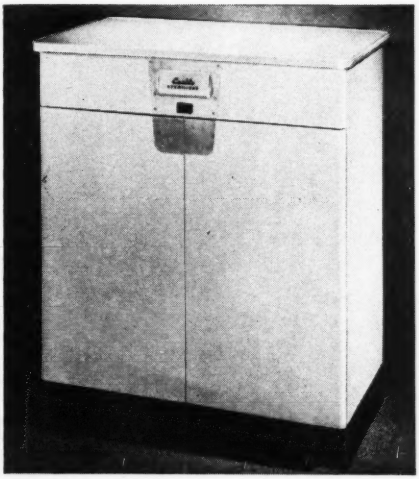

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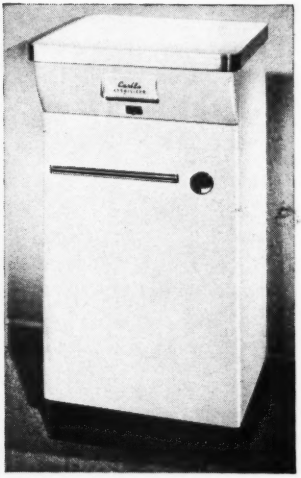

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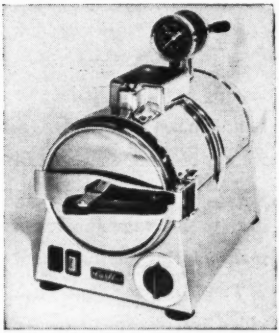

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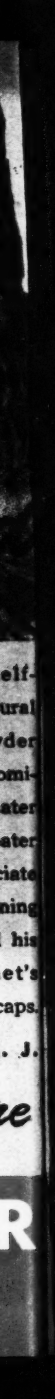

WERNET DENTAL LORE

NOVEMBER 1955

A statue popularly known as the "Toothe-Ache Christ" stands over the east door of St. Stephen's Cathedral in Vienna. This statue is so named, because three revelers long ago ridiculed it for appearing to wear a tooth-ache bandage, and were themselves struck down with this affliction, and not relieved until they returned to beg forgiveness. People still pray before the statue in the hope of warding off dental pain.

* * *

Toothpicks may be considered a commonplace item for casual employment; but in medieval Mohammedan worship, they actually had a ritual significance. They were relied on to help the dying to confess their faith, and to shorten the death agony. For special protection, pilgrims to Mecca carried toothpicks of aloe wood which had been dipped in that city's holy fountain of Zanzam.

* * *

While the Egyptians of 4000 and 5000 years ago are generally credited with the earliest attempts at dental prostheses, other times and places have witnessed original efforts in this direction. In what is now Santa Barbara, California, for instance, there have been found in the graves of aboriginal Indians artificial dentures for the upper jaw, carved from shells.

* * *

How much simpler it was to avoid toothache in the middle ages, than now (if the records are to be believed). One had merely to make sure that he cut his finger and toenails only on Friday . . . or wore a tooth from the jaw of a disinterred human skull . . . or washed daily in this sequence: first the face, then the neck, and last the hands—drying these parts in the reverse order.

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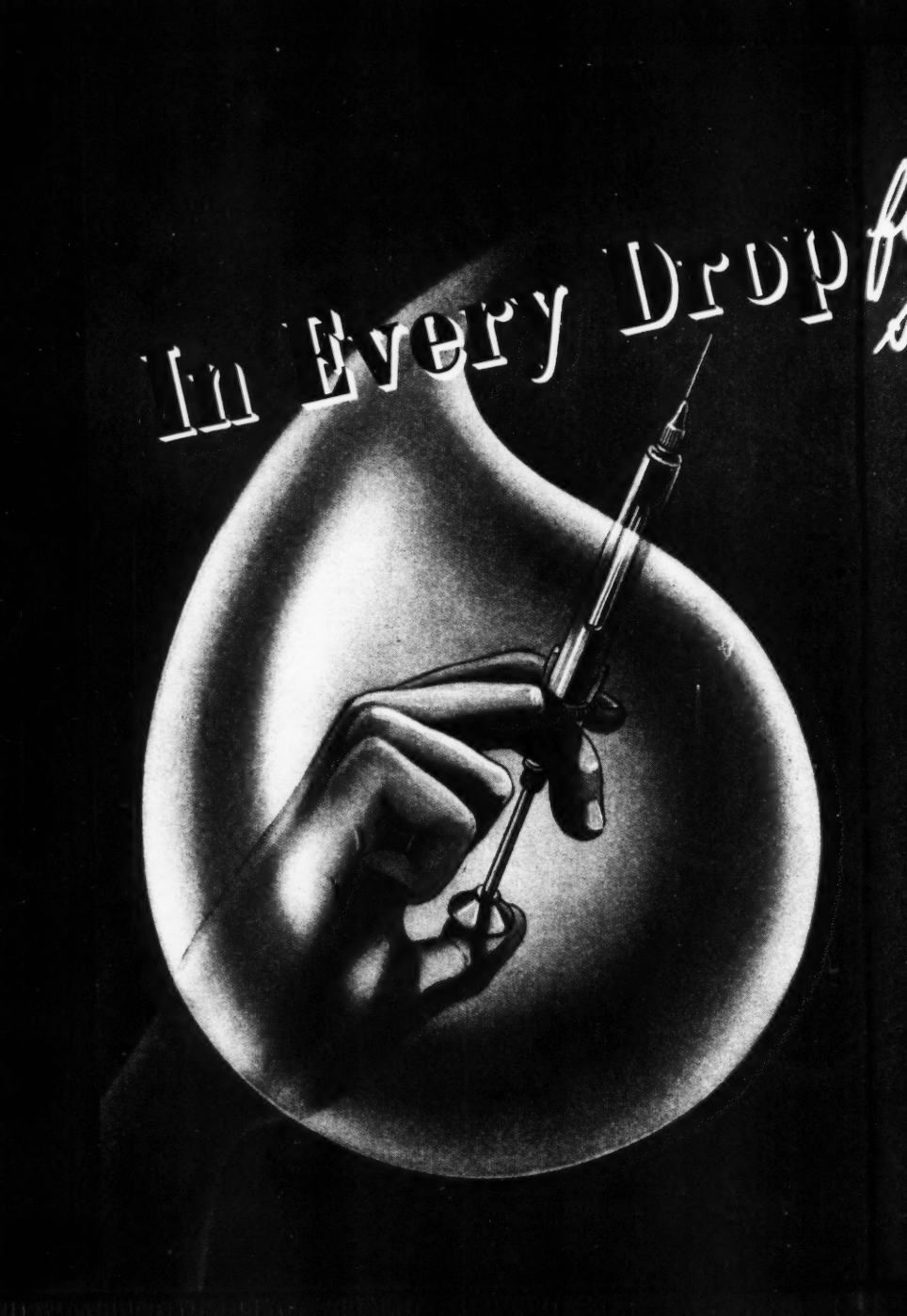
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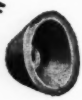
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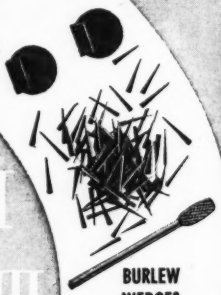
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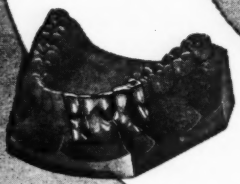
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Fig. 1

Fig. 2

Fig 3

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Picture of the Month

DOCTOR Donald J. Goen, a popular Manchester, Iowa, dentist, and a 1924 graduate of the State University of Iowa College of Dentistry, has been selected as the 1955 SUI "Dad of the Year." He is pictured with his three happy daughters (left to right): Sara, 11; Ellen, an SUI 1954 graduate; and Mary an SUI sophomore. Mary's letter in the "Dad of the Year" contest turned the trick for Doctor Goen. Members of his family not pictured are his son John, a freshman in the SUI College of Law, and his wife, the former Evelyn Byrne, also an SUI graduate.—*Photograph submitted by Mary Goen, 401 East Fayette, Manchester, Iowa.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*

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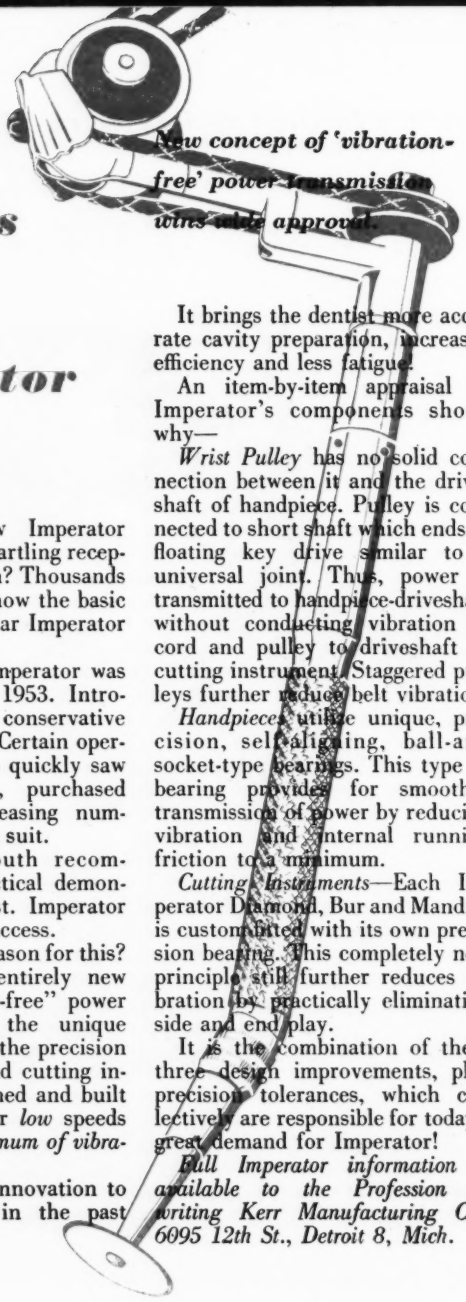

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Then word-of-mouth recommendations and practical demonstrations did the rest. Imperator has achieved huge success.

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It brings the dentist more accurate cavity preparation, increased efficiency and less fatigue.

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Wrist Pulley has no solid connection between it and the driveshaft of handpiece. Pulley is connected to short shaft which ends in floating key drive similar to a universal joint. Thus, power is transmitted to handpiece-driveshaft without conducting vibration of cord and pulley to driveshaft or cutting instrument. Staggered pulleys further reduce belt vibration.

Handpieces utilize unique, precision, self-aligning, ball-and socket-type bearings. This type of bearing provides for smoother transmission of power by reducing vibration and internal running friction to a minimum.

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It is the combination of these three design improvements, plus precision tolerances, which collectively are responsible for today's great demand for Imperator!

Full Imperator information is available to the Profession by writing Kerr Manufacturing Co., 6095 12th St., Detroit 8, Mich.

LET'S PRACTICE ORAL MEDICINE

BY J. H. VAN NESS, DDS

SINCE THE earliest period in the history of dentistry, contributions have been made in the form of new materials and new ideas for the improvement of dental services. At the present time, we still are attempting to render a greater service through various approaches such as oral medicine, surgery, and prosthesis. Although oral medicine is relatively new in the dental school curriculum, it is with regard to the importance of oral medicine and some of its clinical applications that I shall comment.

The importance of oral medicine to dentistry was apparent to me when I served as a dental officer in the United States Army, and during the last two years in which I have had the opportunity to administer to a wide cross-section of patients, while serving as emergency call dentist for my city. During both these periods, I observed cases that terminated in surgery and prosthesis in which patients might have been spared the loss of teeth by early and adequate oral medication and preventive treatment.

We can cope with an increased dental consciousness among the public by giving more efficient and complete service.

Having made continuous inquiry during and after my service in the Army Dental Corps regarding oral medical practices employed by individual dentists, I have found that the average den-

tist I questioned, practiced dental therapeutics limitedly. It is my opinion that there are a few oral medicine practices that should be observed by all general practitioners of dentistry.

Operating Procedures

The following paragraphs are ideas which should be standard operating procedures:

1. Patients should be premedicated without hesitation when the need is indicated clearly. The medicine used may vary from a single APC to a combination such as phenobarbital, codeine, and aspirin. The type, amount, and time element of drugs used, will depend upon the medical history, age, and size of the patient, as well as the individual's temperament and amount of service to be accomplished by the operator.

2. In treating various gingival conditions and the stomatitides, use both local and systemic remedies. Often local medication may give only symptomatic relief while the systemic malady continues to grow more severe. A good example of the latter case was seen by me recently in a patient who presented himself with a pericoronitis of the left lower third molar with marked cellulitis of the left side of the face, trismus with only a limited opening of the mouth, pain of the shooting type mainly at night, and swallowing difficult. The patient revealed in his history that he had visited another office three days before when pain was less severe, and marked swelling and trismus absent. The attending dentist had treated the flap with an "ointment" and told him to return when the soreness and slight swelling had left. Experience has shown that pericoronal infections, when detected at a reasonably early stage, may have cellulitis and trismus symptoms avoided or aborted by prompt and sufficient antibiotic therapy.

3. With the use of antibiotics, the dentist should have in mind the medicament and dosage indicated to counteract an allergic reaction. Penicillin is known to show marked allergic symptoms in some persons. These patients respond well to Pyribenzamine hydrochloride® when given prophylactically or symptomatically. For prophylactic use, Pyribenzamine® and penicillin tablets are available with twenty-five or fifty milligrams of Pyribenzamine hydrochloride®.

4. The routine use of minimum residue antibiotic pellets in extraction sockets seems feasible when one considers that even a non-infected tooth socket often has a lowered resistance and, therefore, may become susceptible to opportunist bacteria of the normal oral flora.

5. A simple explanation of the principle "Do nots" following tooth extraction will go far toward getting the patient to practice good home care of the socket. For ex-

ample, in addition to telling the patient not to spit, explain that spitting is a suction-like action and will cause continued bleeding, also that bleeding will be diminished if he swallows. One might add that swallowing blood will not harm him, since the socket has been aspirated of pus and sterilized with antibiotic pellets. In case the patient has a consciousness of swallowed blood, he might take a laxative, which is indicated in cases of infected and exacerbating dental conditions. These are but a few of the practices, which one will employ routinely if he is alert to giving the patient thorough dental therapy.

6. In performing a diagnosis, keep in mind that those cases in which oral manifestations indicate serious disease of remote parts of the body must be referred to the proper health service. Examples of the foregoing cases are: the strawberry tongue of scarlet fever, the yellow-green mucosa of jaundice, the oral chancre and gummata of syphilis, the uriniferous odor of the breath due to renal disorders, the acetone odor of the breath in diabetes, and the black tongue of lymphatic leukemia.

In cases where the patient already is undergoing treatment for a chronic disease, it is well to consult the attending physician before proceeding with dental service. When totally reciprocal, this kind of teamwork between the professions is medicine at its best. The former American Dental Association president, Doctor Leslie M. FitzGerald of Dubuque, Iowa, urged continuance of "close cooperative relations with medicine, with public health, with nursing, and with those working in hospital administration. Only if all of these professions work together can they focus their services on the total health of the individual human being. A health profession cannot operate in a vacuum, if the real health needs of the individual are to be met."

If we do not treat oral conditions with the best techniques and medicines available, then a vacuum exists within our dental profession, since the application of oral medicine when overlooked or neglected by a dentist, is rarely administered by any other health agency.

The thoughts expressed above are merely reminders that there is a greater service, which we can render our patients and our profession. Dentistry has grown in importance as dental education has increased for both practitioner and patient. With the growth of dental consciousness among the public, comes a greater discrimination of dental service. We can best cope with this trend by giving more efficient and complete service.

Summary

1. Emphasis on oral medicine and materia medica in dentistry

has not been stressed adequately in many of our schools and general private practices.

2. There are many opportunities to increase the service to patients, which are well within our capabilities to administer.

3. Exploitation of the potentialities of dentistry is our obligation to the patient and our contribution toward winning for our profession the position and recognition among the health services that it deserves.

Recommendations

1. Greater emphasis should be placed on oral medicine through the dental school curriculum by increasing the number of hours devoted to this subject.

2. Local, district, and state dental conventions, should devote more of their clinic time to medicine of the oral tissues.

3. To further encourage practitioners to keep abreast of the latest accepted dental remedies, the annual edition of *Accepted Dental Remedies* should be sent without special request to all members of the American Dental Association.

216 *West State Street*
Ithaca, New York

THE WAY A DENTIST SHOULD BE GROOMED

FEW DENTISTS appear to realize the importance of an intimate regard for their personal appearance in the office as well as on the street. No dentist should appear before his patients in any but the most scrupulously correct manner. Many are in the habit of operating in their shirt sleeves. This is extremely objectionable and marks the dentist as a common man. People have a right to expect that a dentist will observe the proprieties and avoid such exhibitions of bad taste.

A dentist should appear before his patrons in a neat operating coat, made to his measure, from a suitable material. A tennis blazer won't do. Neither will a smoking jacket be proper; yet we see in every town dentists who wear tennis blazers and smoking jackets for operating coats. The coats should button closely up the front as high as the neck. The wrist should be fitted with wrist straps, which may be buttoned, clasping the sleeve wrist tightly about. A sleeve allowed to remain loose in operating, permitting the patient to see up to the elbow, is disgusting. The coat should be cut square across the bottom, and should reach ten or twelve inches below the hips.

Many dentists are careless in the arrangement of their hair or wear it so long as to be objectionable. Many are partly or completely bald. A silk skull cap should be worn by all such.—Charles R. Hambly, DDS, *The Practice Builder* (1902).

The Patient Is the Judge and Jury

BY F. G. ROBESON, DDS

Here are some tips to aid you in handling the price-conscious patient and the one who puts you on the "spot."

SO LONG as I must practice dentistry for a living, I am always on the alert for anything that will satisfy the patients I have, and attract *new* ones. Quoting from an ORAL HYGIENE article,[1] the author says that 50 per cent of the patients we serve are only "price-conscious shoppers" and are not concerned with our skill, office appearance, quality of workmanship, or even cleanliness. Perhaps so, but when the patient presents, *how* am I to know to which 50 per cent he belongs? When I do find out, it may be *too late*.

Just recently I had a patient compliment me on how clean my office was. Imagine my surprise when she informed me that some were *not*. You see, she was a surgical nurse in one of our large hospitals. When she presented, I was on the "spot" and did not know it.

How I hated examinations when I was in school, how often I worried that I would not pass, and how concerned I was when the other student got "A" and my grade was only "C." Yet today I must "pass" an examination every time I seat a patient. I do not get "A," "B," or "C," but I can flunk and the patient will never return. Then my bank balance will take an unfavorable dip. The morning mail will have two or three requests—"Dear Doctor, please remit." I realize, as you should, that I am "on trial." Court is in session *all* day long; the patient is the judge and jury. And I cannot ask for a retrial, or for a continuance, or appeal the case.

Another teenage patient moved recently to a town sixty miles away. She called long distance for

[1]Gluck, Harold: The Curse of Cut-Price Dentistry, ORAL HYGIENE **45**:717-720 (June) 1955.

an appointment and drove in to have one simple occlusal cavity restored. She had asked the other "kids" some questions about their dentist. Does he "X-ray" the teeth? Dose he use a diamond drill? Does he "freeze" if it hurts? Do you have to go two or three times to get one tooth filled? When she arrived, I introduced her to the "new hi-speed drill." You see, she could not tell the new one from the old one and would never guess its advantages. You can bet that I told her. Price to that young woman is no object. She is not a shopper.

When I bought a new car recently, the dealer had sense enough to hand me an instruction book on the care of a new car. He also called my attention to the many fine qualities of his product. He did not seem to be interested in whether I could get a cheaper car somewhere else. Can't dentistry learn from business?

Skill Counts

Again Doctor Gluck says that the patient does not give a "continental" about our skill. My patients must be different because most all of them do, especially when I am called upon to extract that tooth which has been aching for two or three days or a week. They *do* appreciate it when I tell them about topical anesthesia or analgesia. I call their attention to the fact that I do not "jab" the needle in; that I am going to be careful to "X-ray" the tooth so that it will not break. Do you know that this year in the metropolitan area of Chicago, I have any number of patients who have previously been going to dentists for as long as ten and fifteen years and have *never* had an "X-ray." If I explain the value of the "X-ray" and the danger of extraction without "X-raying," those patients and many of their friends become my permanent patients. It is also hard to explain why one extraction was accompanied by severe pain and profuse cellulitis when it had never happened before. In those cases, often my skill is questioned, and I want to be the one who answers these questions.

Another test of my skill comes when the patient has a denture that hurts so much he just cannot eat. An "X-ray" reveals that the "other dentist" left sharp, bony areas that stick up like tacks. A little explanation with a few models and charts, and again the price is no object.

How often has your skill, or lack of it, been questioned when that lower "floats" and the upper "falls down" and a neighbor or a sister can eat corn-on-the-cob and never has to go back for any adjustments? Patients never fail to tell me that. I also notice that every time I insert a denture *my* patients walk over to the mirror on the wall. They push their faces up to a point about *six* inches from the mirror and they *look* steadily for as much as five minutes—the first

time in their lives that they ever looked. Then they discuss the shade, length, arrangement, bite, facial contour, and lip line. They never hesitate to tell me that their own teeth were not like "that."

Then, in addition to that, I am supposed to please their relatives, neighbors, and friends. And how disappointed and discouraged these denture patients are if they cannot eat the *first* day! As one prominent prothodontist says, "It is harder to fit the *mind* than the *mouth*." Believe me, that takes *skill*. Again, price is no object *if* patients are satisfied.

Explain First

Many complaints can be avoided if only you will explain in the *beginning*. I always instruct my denture patient what to expect. There are numerous instruction pamphlets on this subject that my patient is given to read. Another "denture specialist" has a fine procedure. When the dentures are delivered and paid for, he tells his patient that he has his sympathy. He says, "Go home at once—drop dead, hide, don't eat anything. If you can even keep 'em in or take a drink of water, you will be lucky."

The price-conscious shopper frequently can be changed. None of us would ever part with our money unless we were convinced of the value of the product we wished to purchase. If we expect to compete with the "price cutters," we must put some *value* into our services and educate the public to recognize the value. I have never learned anything unless someone told me or showed me. Every patient who presents himself is a challenge to my skill and ability. I find that in almost every case it pays if I discuss, explain, illustrate before, during, and after treatment. When the prospective patient presents and asks you to *look* at his teeth, would it not be easy and worth while to ask after you just look, "Is that all you want me to do?" Then explain that a thoughtful, careful examination and diagnosis, is different. It includes "X-rays," examination and study models, and a scientific plan of restoration and complete rehabilitation.

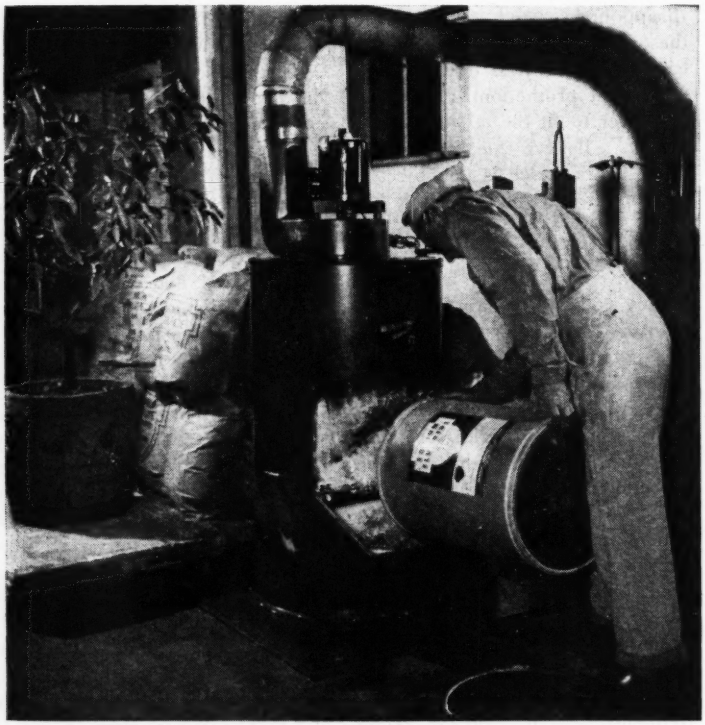
The Prophylaxis

Again I often hear this, "I want to have my teeth cleaned." Why not explain that you do more than just that—you scale and remove deposits too. Just a minute with a patient education chart will illustrate the value of that procedure. In addition, tell the patient that it is necessary to contour and polish the restorations, and to treat the soft tissues. When this is completed, why not hand him a mirror and point out how much different the mouth looks. Many a "shopper" has remarked, "My, I never had that done before."

If an operative procedure is

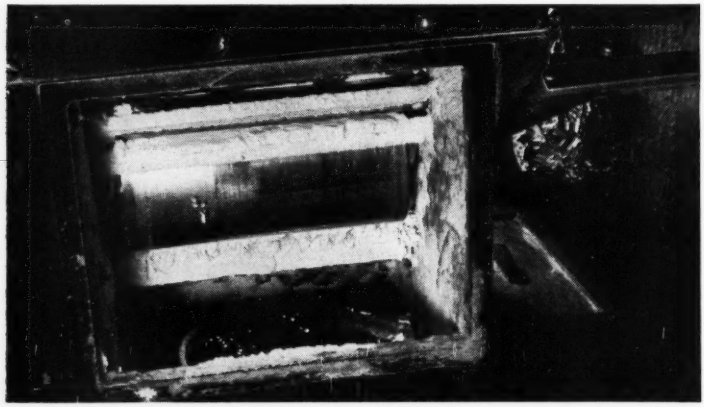
(*Continued on page* 1388)

How Fluorides Are Added to the Community Water Supply

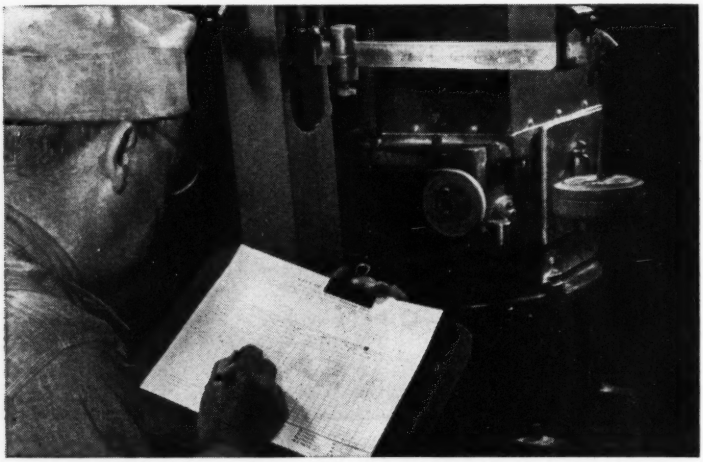


Precision process controls fluoridation of water. Fluoridation *starts* on second floor of the Newburgh, New York, plant when sodium fluoride is dumped into container (above). Note lemon tree, far left, which lives on fluoridated water.

Chemical drops through rotary gate into hopper, and is weighed. Then a roller feeds 3¼ pounds hourly into a dissolving pot. This processes 4,000,000 gallons of water.



Rate of flow **through roller, shown in close-up with housing removed, is fixed by position of bar, with knurled handle, behind metal ruler at upper right. Mixing pot is below.**

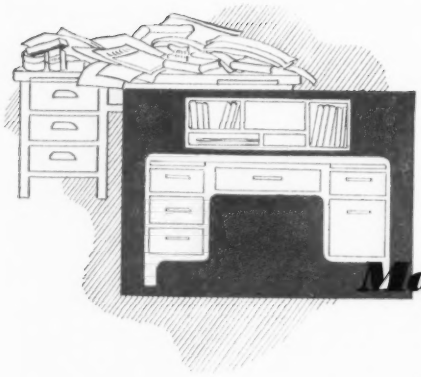


Hourly checks **are made on amount of fluoride added to water. If, by chance, roller were operated at capacity, only a harmless 240 pounds could get into water in 24 hours.**

***Rack of test tubes,* used to double-check fluoridation, is held by Water Superintendent Kingsley. At start of experiment he had to listen to some pretty ridiculous complaints.—Photographs Courtesy of *Popular Science Monthly* from article by Herbert Yahraes.**

THE COVER

PICTURED on this month's cover is downtown Manhattan. The annual meeting of the Greater New York Dental Society will be held in New York City December 5 to 9. According to Doctor Matthew Besdine, General Chairman, the theme of the meeting will be the portrayal of recent scientific and technical advances in dentistry. For detailed information about the program and reservations, please write to Mrs. Mabel Purdy, Executive Secretary, Suite 106 A, Hotel Statler, New York 1, New York.



How's Your Office Management?

BY M. TRAVASCIO

Do YOU suffer from "desklitteritis"? It is not uncommon among dentists who have a desk hidden away in a corner of their operating quarters, from which they personally conduct the business side of their relations with patients.

The condition results from placing on the desk one paper on top of the other again and again, along with mounting stacks of samples and literature that share available space with instruments and other items set aside for discard or repair. The crisis is indicated when only a few square inches of the desk top are visible. That is "desklitteritis." While not always practical, a simple cure is to move the desk to a location where patients and other visitors to the office may see it. Then embarrassment stirs the dentist to clear away all nonessential material. Thus he takes a step toward better office management.

Somehow there has developed the erroneous idea that the professional man just naturally is somewhat less than efficient in the conduct of his office affairs. Even artists have depicted the professional desk stacked high with a miscellaneous assortment of articles—this is an apparent effort to picture the owner as a "lovable old character," entirely unaware that there are commercial phases to his operations. Once created, such impressions have a way of persisting.

One Eastern dentist is a typical victim of the "desklitteritis" malady, and he attributes it to the fact that "I like to keep memos and

This author tells dentists how to overcome the habits of disorderliness, which are characteristic of many professional men.

some records handy on the top of my desk, so they will be convenient when I mail out bills and statements at the end of the month." Without realizing it, his explanation indicates that his billing procedure could stand some revision. There was a time when end-of-the-month billing was common practice, and probably there was a reason for it then, but today there is evidence to show that collections improve when bills are mailed around the middle of the month and scheduled to arrive on either Tuesday, Wednesday, or Thursday. The dentist who prepares his own invoices according to this procedure, automatically relieves himself of a work load that otherwise would be packed into a limited period. Even in an office where an assistant handles such chores, the practice spreads out the burden.

Is Your Desk Right?

The starting point of any plan to bring order out of a chaotic desk is to give thought to the adequacy of the desk itself. Often a dentist upon graduation acquires this piece of working equipment on the basis of its low cost, and then clings to it as if it were an old but comfortable pair of shoes. In such cases, the simple act of purchasing an attractive modern desk will develop an urge to maintain its neat appearance. But whether this essential piece of office furniture is old or factory fresh, its top is intended only for current needs. Experts in office efficiency insist that the orderliness of a desk top reflects the systematic thinking of the worker behind it.

This executive-type appearance can be brought to the professional office if the dentist secures an open-shelf case for the storage of books and magazines he has not read or which he wishes to save because of certain articles. Such an inexpensive case eliminates the need for using the desk top for storage purposes.

The value of a desk is increased by careful planning of the use of drawers. For instance, the top center drawer may be used for overnight storage of the dentist's appointment book, file folders he may wish to refer to the next day, and perhaps a long, narrow container divided into sections for placing paper clips, erasers, pencils, pens, and similar small office items. The top right drawer is a convenient location for invoice blanks, letterheads, and envelopes, also second sheets and carbon paper. Because most dentists use stationery that is considerably smaller than the standard 8½″ x 11″ carbon sheets, it is desirable,

for the sake of economy and convenience, to have on hand one or two carbon sheets cut in half so they will measure 8½" x 5½".

Handling Patients' Cards Effectively

The drawer at the top left corner of the desk may be set aside for bills that are to be paid, and copies of orders not yet delivered or checked. The drawer directly below this one is used by one dentist for his patients' record cards. Each morning he removes only the cards for patients with appointments for that day, and before he leaves in the evening, these cards are returned to the drawer in their alphabetic position. As every dentist knows, these cards are of tremendous importance; yet in many instances they lack essential facts. For instance, in the case of a new patient, his complete name, address, and telephone number, should be written carefully in ink or typed on a card, together with the date of the initial visit. This is routine practice that must be followed up periodically to learn of any change of address or the new name of girls who marry. Also, while such cards are designed to record the dental operations performed on the individual patients, it has been found desirable in many practices to include on the records physical and nervous health facts, which will guide the dentist and help him maintain the good will of the patient. The use of a letter code will help recall any caution that should be taken or conversational approach believed desirable.

Once specific storage jobs have been assigned to the individual drawers of a desk, a semiannual review of the desk's contents will help prevent the desk from becoming an attic-like dumping ground for unwanted and valueless material. To decide what should be kept and what discarded, a good question to ask is, "Have I needed it within the last six months?" While this does not apply to dental or financial records, it is appropriate in the case of that ball-point pen that stopped writing months ago, salesmen's samples that have evaporated or hardened in their containers, last year's baseball schedule, and a hundred and one other items from which time has erased all value.

Printed Matter

Advertising literature also has a way of accumulating, but since some of this offers operating suggestions and treatment techniques, it may be desirable to retain certain printed pieces for study or review at a later date. But the value of material of this type is lost if the dentist is unable to locate it when he wishes to reread the booklet, folder, or report. The deep drawer at the lower right side of the office desk is specially designed to help in the filing of this literature. Of course, the individ-

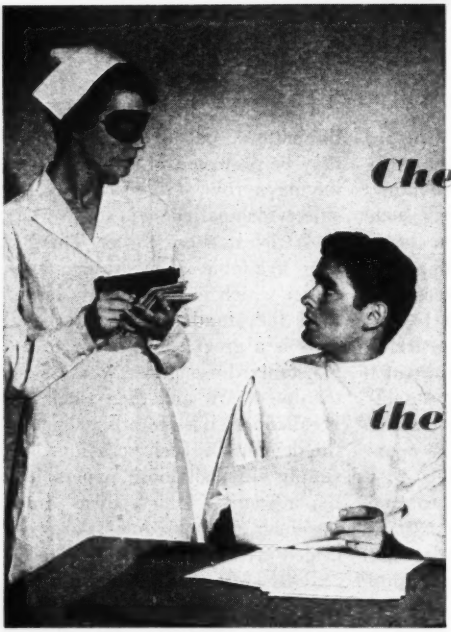
ual pieces should be placed in file folders identified on the tabs as to the subject matter of the literature in each folder. By grouping such material according to broad classifications, only a limited number of file folders will be found necessary.

Samples that are given to the dentist by salesmen or arrive through the mail present a distinct problem. In one practice, a solution has been arrived at by placing in the cabinet or case in the operating room those materials that might be used in many routine operations, while products that are required only infrequently are wrapped in the literature describing their applications in detail, and then given temporary space in a desk drawer in the office, specially set aside for that purpose. But like everything else in the desk, these items, too, must answer satisfactorily the question, "Have I had any need for it within the last six months?" or they go into file 13, the wastepaper basket.

In offices where the assistant handles office details at a desk in the reception room, good office management is indicated by a desk that is kept executive clean, and reports, bills, and other papers containing references to patients, are not kept within reading distance of others. The privacy of the material on the assistant's desk may be protected in some cases by having a row of books along the side, which patients approach when they wish to speak to her. There is also available a leatherette type folder which is just slightly larger than the standard-size letterhead. This is a great convenience to the assistant whose paper work is interrupted now and then when she is called into the operating room by the dentist. On such occasions, she simply slips all loose papers into the attractive folder, turns down the cover, and the contents are concealed from unauthorized glances.

Because so many dental patients today have had experience in good business practices, the dentist whose office management follows the proved procedures of commercial enterprises indicates to these patients that he is modern and progressive in his thinking, and to the layman this is likely to mean that his dental techniques are also up to date. Good dental office management brings time and money-saving efficiency to the business side of the professional operations. But such a condition is difficult, if not impossible, until all symptoms of "desklitteritis" are eliminated.

934 *North Sixty-Third Street*
Philadelphia 31, *Pennsylvania*



Cheating the Dentist

BY VIVIAN G. TAYLOR

"YES my assistant is rude to patients, but at least I can trust her."

Such an answer to a complaining medical associate was made by a professional man who is among the climbing numbers of victims of pilfering employees. Insurance records show a larceny took place every twenty-six seconds recently, and that the snitching hired help outnumbers the armed robber nearly six to one. Embezzler is a nasty word, and neither employer nor employee wishes suspicion to come into a trusted association, but the fact is that this form of crime is increasing alarmingly, and medical and dental offices are among the frequent victims reported.

Contributing reasons for this increase is our ever-rising standard of living; long, expensive illness of the worker or members of his family; extravagances; gambling; and just plain susceptibility to temptation.

In most cases the first amount is taken without larcenous intent. The employee "borrows" a desperately needed amount, expecting to replace it. However, the "just once" leads to other loans as other needs arise, finally raising the amount beyond the employee's ability for replacement. And with the rising amount goes a rising boldness.

The employee who knows her welfare is really important to her dentist-employer is unlikely to rob him.

At present nobody has a sure cure, but there are deterrents, which the employer may exercise or employ for moderate fees: one is to bond each employee who handles funds; another is the regular, monthly audit. Together with either or both of these methods the employer should maintain an active interest in the financial books and systems for handling funds. In an office with more than one employee, the routines should be exchanged on vacations or days off. If the cashier has others working with her books, she will not be likely to leave shortages, which might be stumbled upon.

This is most important at all times: the employer should keep his personal and professional practices above reproach, so that no employee can feel free to mock her superior's habits or, in the event of detection, use her knowledge to gain her employer's submission.

Bonding and audits offer added values. To be bonded, one's character must be investigated thoroughly by the insurance company, which gives the employer added confidence in a new employee, without expense or effort, besides assuring reimbursement in the event of a theft. There are accounting firms specializing in medical and dental office routines, who advise on operating costs, point out leaks in overhead expenses, set up efficient record systems, instruct in tax saving and prepare all tax reports.

With thefts running into thousands of dollars coming to the attention of bonding companies and auditors, such inexpensive stumbling blocks should be employed. But, what is the cheapest safeguard of all? Well, the adequately paid employee whose welfare is as important to the employer as he expects his welfare to be to her will rarely jeopardize her pleasant position with petty thievery.

390 *N. W. Skyline Boulevard*
Portland, Oregon

BENJAMIN FRANKLIN ON FREEDOM OF THE PRESS

IT IS likewise as unreasonable what some assert, *That Printers ought not to print any Thing but what they approve;* since if all of that Business should make such a Resolution, and abide by it, an End would thereby be put to Free Writing, and the World would afterwards have nothing to read but what happen'd to be the Opinions of Printers.—*United States Armed Forces Medical Journal.*

Sweden Has New Health Plan*

EVERY PERMANENT resident of Sweden, regardless of age, physical condition or income, is now covered by health insurance. The compulsory health plan was put into effect this year. The premiums to finance the plan consist of a 44 per cent contribution from the insured persons, 29 per cent from the employers, and 27 per cent from the state.

The state's share is being passed on to tax bills. In this way the upper and upper-middle income brackets carry most of the insurance burden assumed by the state. The total cost for the first year is estimated at $144,000,000.

Everybody above the age of 16 and having a taxable income of at least $233 a year must pay state health-insurance premiums. With the income minimum set so low, virtually all must contribute. The only exempt persons are those receiving national old-age and disability pensions.

The protection given the Nation as a whole covers a wide range. Physician fees are reimbursed 75 per cent up to a certain ceiling, as are fees for dental service at clinics, high schools and hospitals. Public wards in state hospitals are free. Transportation to and from the hospital, or by the physician to and from the patient's bedside, are reimbursed wholly or in part, depending upon circumstances. Certain medicines are furnished free of charge and others at reduced prices.

The premiums that the insured person pays for this protection seem moderate. On an annual income of $1,750, the health-insurance premium is $25.22 yearly. Compensation to be received for loss of working time is $2.72 per day. This, concurrent with the allowance for hospital care, runs up to two years.

Persons earning in excess of $3,000 yearly can carry an additional amount commensurate with their earnings, but this is optional. The maximum sick benefits allowed under the concurrent voluntary-insurance program is $3 a day for ninety days and $1.80 a day thereafter up to two years.

Insurance provided by the state also covers maternity protection for working women. Expectant mothers receive 65 to 70 per cent of their normal earnings during the compulsory maternity leave. All mothers receive a $52.38 bonus for childbirth, in addition to free public-ward confinement in hospitals, or free obstetrical attention at home.

The novelty of the plan is that it

*Reprinted from the *New York Times*.

is comprehensive and available to all brackets.

Since the plan just went into effect this year, no one knows for certain how successful it will be. However, the project has already split the Swedes, especially the medical profession. Some physicians object, fearing their work load will be doubled or tripled, and that half their time will be taken up with filling out forms and complying with other "red tape" requirements. The majority of practitioners, however, are observing a wait-and-see attitude.

"HOURLY WAGES" OF PHYSICIANS AND DENTISTS

IT IS interesting to compare the hourly earnings of dentists and physicians by distributing the net annual earnings over the number of hours worked, with the number of hours computed according to prevailing practices of large employers in the United States regarding overtime pay. Usually, the employer allows 12 hours' pay for the first 8 hours in excess of 40 hours a week and 16 hours' pay for the second 8-hour overtime period; that is, employees receive 68 hours of pay for 56 hours of work. On this basis, the average "hourly wage" of physicians was $3.13 in 1949 and, on the basis of small sample studies of the United States Department of Commerce, $3.26 in 1950 and $3.54 in 1951. The comparable "hourly wage" of dentists was $3.01, $3.12, and $3.31. These averages were computed on the basis of 68 hours a week for physicians and 45 hours a week for dentists. The annual net earnings were prorated over 52 weeks, although self-employed physicians and dentists worked fewer than 52 weeks. For the purpose of comparing their hourly earnings with those of employed persons, however, it is necessary to allow several weeks for vacation, holidays, and sick leave. The fact is that office employees at American Medical Association headquarters are allowed approximately 25 days, or 5 weeks a year, for vacation, holidays, and sick leave. Incidentally, there is evidence that physicians work more regularly on holidays than do dentists. Even if the annual net earnings were prorated over 49 weeks instead of 52 the 1951 "hourly wages" would be increased only from $3.54 to $3.75 for physicians and from $3.31 to $3.51 for dentists. Within this frame of reference of prevailing rules regarding overtime pay, it appears that physicians and dentists are earning less than $4 an hour and that the long work week, particularly of physicians, should be a major factor in any economic analysis of professional incomes.—*The Journal of the American Medical Association.*

What I Learned from Wilbur

BY ROBERT P. STICKLEY, DDS*

SOMETIMES I think life just is not worth living, and today was one of those times. I got upset when I was talking to Wilbur. Somehow the conversation turned to dental assistants, and Wilbur came up with the craziest idea I have ever heard.

He said his assistant had been with him a number of years and had been both efficient and loyal. He stated that while he paid her well and tried to be considerate of her, he realized that the length of her service in his employ represented her best years. This caused him some concern.

"Wilbur," I said, "probably you have a good girl and I am sure you pay her well. If she feels that she is worth more, certainly she can quit and get another job. So you really don't owe her anything."

Wilbur replied—and this sounds dramatic—"In thinking over the situation, I could just picture my last day at the office. I can imagine how awkward I would feel telling her good-bye and thanking her for the many things she had done for me over the years. I would feel that I should give her some token of appreciation for her loyal service. We would both know that I had contributed to her security through social security. We also would know that this is compulsory, not voluntary."

"Well," I said, "why don't you give her a pen and pencil set with her initials on it? Any girl would be proud of that."

Sometimes I think Wilbur is a little deaf. He just went on as if I had not spoken to him.

*This is the seventh of a series of eight informal discussions of various aspects of practice management between two practitioners with divergent ideas on practice building and security.—THE EDITOR

"I was thinking," he said, "of giving her a nice check, but there was the question of how much to give her, and I probably would not have the money at the time to give her what I thought was adequate. To give her less would cheapen the gesture and be worse than nothing. So I decided I would not do anything—just let it ride."

As a result of thinking along these lines, Wilbur said that he decided to do something about it. So he began putting aside one dollar a week, and when a suitable amount had accumulated, he invested the sum. It is his intention to allow all interest to accumulate in the fund. It might be expected that over a period of twenty years this sum will reach approximately $1500, as a conservative figure, and probably more if properly invested.

Wilbur said that at the end of five years he intended to present his assistant with shares of stock representing the investment. From there on, she is to take care of the fund in her name, while he continues to pay into it. It is understood that she will not use any of this fund and will show him the account at least once a year.

Wilbur said that the reason he did not intend to tell his assistant about the fund for a period of five years was that he did not feel any sense of obligation for a shorter period. Any time after five years, regardless of the amount accumulated, the fact that he was prepared to acknowledge his appreciation would be a happy experience for both of them.

"That is all right for you," I said, "but suppose a fellow was getting along in his practice before he started a fund?"

"In that case," Wilbur replied, "he might have to put aside a little more or perhaps not try to accumulate as much. A $500 check would not make an assistant angry."

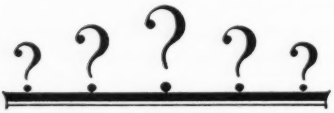
"Wilbur," I said, "I am beginning to think you are soft and sentimental. As unreliable as assistants are, I can't understand how you still have the same assistant. I average about two a year."

"Well," he replied, "if through your fault or hers, you can't keep one five years, you at least will have been prepared to show your appreciation, and you still will have the money even if you lose the girl." And he went on, "if you keep one five years, and show her that you appreciate her, she may stay with you until you finish practicing."

The part that interests me is how that dollar grows. I believe I will start one of these funds for myself. What really worries me is that Wilbur's assistant and mine are close friends. With the entire United States to practice in, why did Wilbur have to settle in my town?

100 *Quinlan Street*
Lynchburg, Virginia

So You Know Something About DENTISTRY!



CXXXIV

1. In most cases the maxillary sinus attains full development at the age of (a) 12, (b) 15, (c) 18, years. .....

2. Does Nasmyth's membrane contribute to the green stain found in some children's teeth? .....

3. True or false? Extraction in undiagnosed cancer or chronic gingival ulceration is dangerous to the patient. .....

4. Do Fordyce spots have any pathologic significance? .....

5. After loss of all teeth, especially if no denture is worn, the condylar angle (a) widens, (b) shows no change, (c) decreases. .....

6. Why is the use of a high mercury ratio in amalgam uneconomical? .....

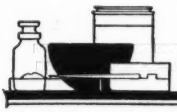
7. Too short a preparation for a porcelain jacket crown will result in a half-moon fracture in (a) gingival, (b) middle (c) incisal, third of the crown. .....

8. True or false? Drugs placed beneath the tongue are absorbed into the circulation as rapidly as are those injected subcutaneously. .....

9. Why is it not advisable to use zinc chloride in deep cavities? .....

10. Tissue fluids (a) will, (b) will not, neutralize the free acid in local anesthetic solutions. .....

FOR CORRECT ANSWERS SEE PAGE 1398



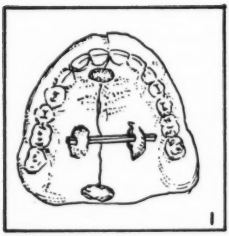
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

Quick Repair of Fractured Acrylic Dentures [Full or Partial]

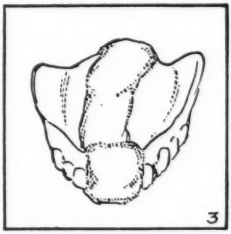
By JOSEPH J. BECKNER, DDS

Drawings by Dorothy Sterling

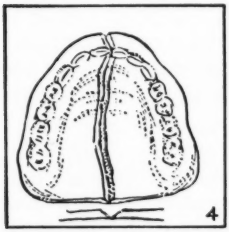


Lute parts together with sticky wax, using match sticks (if necessary) to maintain alignment.

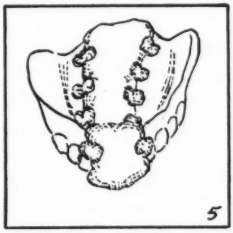
Lubricate the tissue surface of the denture with vaseline®.



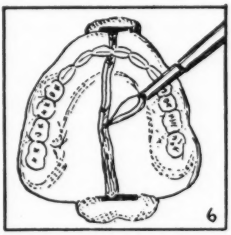
Cover the fracture area with quick-setting plaster. Avoid undercuts.



Remove plaster splint. Cut fractured edges back, beveling to the outer surface.

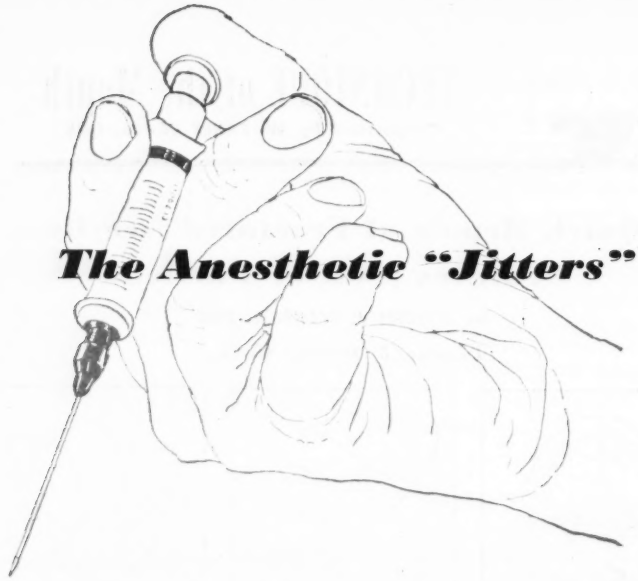


Adapt tinfoil over the splint, covering the area of the trimmed fracture. Replace denture parts on splint, luting to position.



Using quick-curing acrylic, moisten fracture line with liquid, then sprinkle on powder. Repeat, vibrating the denture, until fracture is overfilled. Cover with tinfoil until acrylic is cured. Trim, contour, and polish the patch.

Editor's Note: A department similar to this one, "Clinical and Laboratory Suggestions," appears each month in Dental Digest.



The Anesthetic "Jitters"

BY HAROLD S. JONES, DDS

THERE ARE millions of injections of local anesthetic solutions made each year in dental offices, and great credit must be given to research men for the refined products we have. It could be estimated roughly that not 10 per cent of these injections give untoward results. The continued research for a better anesthetic from every angle is still progressing. The more you read about the careful research on the reactions to this drug as used by the dental profession, particularly the low strength of the solution and the small amount needed for the average case, the more you can have confidence in it.

This article is intended to discuss only one of the slight untoward reactions following the injection of a drug used in our profession for its anesthetic values. I have selected one of the mild, side reactions that disturbs our patients so often, as I believe that, by better understanding this condition, we can be of great help.

Assume that a patient has become uncomfortable with the "jitters" following the introduction of an anesthetic drug. Explain to him that it is a mild reaction to the drug and will soon subside. Your giving him a logical reason for such a prompt and definite reaction, will be greatly appreciated. In many cases, failure to explain this fact will cause greater concern

You can cope with the patient who reacts unfavorably to an injection.

to the patient and, of course, cause him to become more nervous. The fact that you have given him a good reason and can explain the situation to his satisfaction, will help to overcome much of his apprehensiveness. Your telling him that such reactions occur frequently and will soon subside, gives him added confidence in you. This kind of information will help the patient, for he certainly did feel strange, and now he believes the dentist knows what he is doing.

Here is another example of the "jitters." The patient remarks that he feels queer following an injection, and that all of a sudden, he has become so nervous. He, as all other patients receiving an injection of the drug, responds to it in whatever way his constitutional make-up can compensate for it.

So the patient, when he is inconvenienced by the "jitters," when he is concerned about his comforts and worried as to the cause of his behavior, needs some remark such as:

"You have had an injection of a local anesthetic solution (don't say drug—you might scare him). and often it causes reactions such as you have—we call them the 'jitters.' This nervousness will subside in a few minutes; don't worry; we will wait a few minutes until you are more comfortable, and then we will start."

"Oh! Is that what it is?" your jittery patient will query, with or maybe without stuttering.

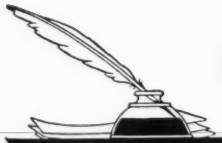
Then the unapprehensive patient is so appreciative, so you diplomatically tell him. "Yes, my friend, the next time you are to be given this anesthetic solution, I would suggest that you take a sedative at least a half hour before."

A big, "No," is the usual reply, accompanied with the stalwart remark, "that isn't necessary."

1121 *Walnut Street*
Allentown, Pennsylvania

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

ETHICS SHOULD NEVER GROW OLD

FIFTY YEARS ago the illustrious William Osler said farewell to his friends and colleagues at Johns Hopkins University before he sailed for England to become a Professor of Medicine at Oxford. In his leave-taking address he covered ethical truths that are timeless.

Osler wrote a book (THE PRINCIPLES AND PRACTICES OF MEDICINE) that is still a medical classic. He was the biographer of Sir Thomas Browne, and he himself was later the subject of a biography by the eminent neurosurgeon, Harvey Cushing. Osler was a superb clinician, but perhaps his greatest fame came from his ability to express the simple and universal truths of medical practice in a clear and honest style.

The words that Osler wrote fifty years ago are true today and will always be true. These are among the things he said on that day he was leaving his friends, his observations on the chief causes of dissension among physicians: "The first is lack of proper friendly intercourse, by which alone we can know each other. A man of whom you may have heard as the incarnation of unprofessional conduct, and who has been held up as an example of all that is pernicious, may be, in reality, a very good fellow, the victim of petty jealousies, the mark of the arrows of a rival faction; and you may, on acquaintance, find that he loves his wife and is devoted to his children, and that there are people who respect and esteem him. After all, the attitude of mind is the all-important factor in the promotion of concord. When a man is praised, or when a young man has done a good bit of work in your special branch, be thankful—it is for the common good. Envy, that pain of the soul, as Plato calls it, should never for a moment afflict a man of generous instincts who has a sane outlook in life . . .

"The second great cause is one over which we have direct control. Uncharitableness—the most prevalent of modern sins, is peculiarly likely to beset all of us, and is the chief enemy to concord in our ranks. Oftentimes it is a thoughtless evil, a sort of tic or trick, an unconscious habit of mind and tongue, which gradually takes possession of us. No sooner is a man's

[1]Osler, William: Unity, Peace, and Concord, US Armed Forces Med. J. **6**:559 (April) 1955.

name mentioned than something slighting is said of him, or a story is repeated which is to his disadvantage, or the involuntary plight of a brother is ridiculed, or even his character is traduced. In chronic and malign offenders literally 'with every word a reputation dies.'

"And the third cause is the wagging tongue of others who are too often ready to tell tales and make trouble between physicians. There is only one safe rule—never listen to a patient who begins with a story about the carelessness and inefficiency of Doctor Blank. Shut him or her up with a snap, knowing full well that the same tale may be told of you a few months later . . .

"It may be that in the hurry and bustle of a busy life I have given offense to some—who can avoid it? Unwittingly I may have shot an arrow over the house and hurt a brother—if so, I am sorry, and I ask his pardon. So far as I can read my heart I leave you in charity with all. I have striven with none, not, as Walter Savage Landor says, because none was worth the strife, but because I have had a deep conviction of the hatefulness of strife, of its uselessness, of its disastrous effects, and a still deeper conviction of the blessings that come with unity, peace, and concord."[1]

We have all at some time offended against the virtue of charity. It seems so much easier for us to form our tongue and frame our words to make disparaging remarks. Dentists who are otherwise generous and supplied in plenitude with honesty find it easy to say something uncomplimentary about a colleague. It may be on the subject of his skill or lack of it. It may be about his success or failure in money terms. It may be about him or his family in their personal lives. Even the saints and holy men of all cultures were required to fight a constant battle against pride, which often expresses itself in uncharitable words. We can all at least try to struggle against the same evil force. There is no defense that anyone has ever erected against the adder tongue of slander.

The subject of ethics is not mentioned any more in dental meetings. Neither does it receive much attention in our literature, probably because the irritating and pompous tone of self-righteousness was too strong and gave offense. Ethics cannot be based on a "I-am-better-than-you" philosophy: larger in wisdom, broader in vision, fuller in honesty. That is cant and hypocrisy. The modest ethics of humanism that Osler taught, however, should never grow old.

You can speed up collections by at least ten days.

BY RUEL McDANIEL

THE DENTAL office secretary charged with getting out statements and reminding slow payers may find this idea of practical value.

Alarmed that many patients permitted their accounts to run over to the second or even the third month, one dentist analyzed the matter and concluded that inconvenience in writing a check, finding an envelope and stamp, might be reasons for the slowness.

Accordingly, he had printed a supply of postage-due envelopes with his name and addess. He also ordered a similar number of bank drafts, printed so that the draft would be payable to him, and containing blanks for the name and address of the patient's bank.

On the first of the following month, he enclosed a postage-due envelope and a printed bank draft with each statement. Results were immediate. He estimates that the idea has stepped up the collection of the average account by at least ten days.

Reasoning back of the results is that when the average person receives a statement, he puts it aside until he has time to get his checkbook, an envelope, and a stamp. That may not be for a long time. On the other hand, when he receives this dentist's statement, with everything he needs to pay the account right along with the statement, he is inclined to fill in the draft, slip it into the envelope, seal it, and get the matter out of the way. At least many of this dentist's patients do just that.

P.O. Box 297
Port Lavaca, Texas

Dentists in the NEWS

Washington (DC) Star: Thirteen-year-old Ralph Hunt of Alexandria, Virginia, is alive today because of an emergency operation performed by Captain Lloyd B. Shone, Navy dentist and physician of 2025 Huidekoper Place, Northwest.

The emergency incision was made in the boy's windpipe at the Army-Navy Country Club in Arlington after he had strangled on an earplug while swimming. Captain Shone, who was attending a party at the Club, was able to perform the tracheotomy when he heard the emergency summons, because he always carries his instruments with him. Young Hunt became dissatisfied with the earplugs while swimming, put them in his mouth until he had reached the other side of the pool, and accidentally swallowed one of them, which shut off his air supply. Captain Shone inserted a tube in the opening he made in the throat, permitting the boy to breathe until the ear plug was removed in the hospital.

St. Paul (Minnesota) Dispatch: Doctor and Mrs. James Lynch and their three oldest children, James, 17, Jerry, 13, and Peggy, 10, of Glenview, Illinois, suddenly became the "Minnesota Tourist Family of 1955." The family was stopped and greeted by a police squad car escort and local dignitaries as they arrived at the intersection of Lexington and Highway 36 near Aitkin, where they had been vacationing at Shingwauk resort. The occasion was the formal rededication ceremony of the Indian God of Peace statue in the St. Paul City Hall.

The Lynch family was invited to visit briefly with Governor Freeman at the state Capitol before attending the ceremonies in the City Hall and Courthouse, in which two Minnesota Chippewa Indians participated. The three-story-tall Mexican onyx statue has been called the "World's Tallest Indian."

Following a noon luncheon in the Hotel Lowry, the Lynches were moved into a special suite at the Hotel St. Paul for their two-day stay in the city, which included a visit to the State Fair, a concert, tour of the city, and visits to stores and entertainment centers. When it was over, they returned to the resort near Aitkin where they had left their youngest daughter, Kathy, 17 months old.

Denver (Colorado) Post: The honorary degree of Doctor of Science was awarded by the University of Colorado to Doctor Frederick S. McKay, Colorado Springs dentist, for his research in the effect of fluoridation of community water supplies on dental caries.

Doctor Ward Darley, university president, presided at the ceremonies at which 388 University of Colorado seniors and graduate students received their degrees.

Chicago (Illinois) Albany-North Park Times: The Chicago Galleries Association, 30 South Michigan, was the scene of Doctor M. Armen Bahador's first one-man art show. At a reception and tea given in connection with the show, Doctor Bahador described his oil paintings, about forty-five in number, as examples of "impressionism," both figures and still life. He indicated, however, that it is not the type of modern art that requires special interpretation for the viewers.

Although Doctor Bahador has been interested in art for a long time, he did not develop a professional attitude toward it until about four years ago. Since that time, he has sold a number of his paintings. Organizations of which he is a member include the Regent Art League and other Illinois societies of artists.

Detroit (Michigan) News: A lesson in family relationships resulted from a visit of Doctor Joseph Cooney, Toronto dentist, and his wife and seven adopted children, to the city of Detroit. When they arrived at the Hotel Statler for a holiday, Doctor Cooney announced that they would stay there until the family council decided when they would move on. The seven children, whose ages range from 10 years to 9 months, were all adopted from the Catholic Children's Aid Society in Toronto. Mrs. Cooney's explanation is simple: "We started adopting children ten years ago," she said, "and liked it so well we couldn't stop."

The family council votes on new members after visiting them in the aid society's home. They live in a seven-room house in Kingsway, suburb of Toronto. Doctor Cooney's office, a bungalow-studio, is attached to the home.

Tacoma (Washington) News Tribune: Doctor Harold J. Leraas has been appointed full-time member of the biology faculty at Pacific Lutheran College, according to an announcement by President S. C. Eastvold.

Doctor Leraas, whose home is in Parkland, has been a part-time lecturer in biology since 1947, but will devote all his time to teaching from now on. In addition to his dental degree, he holds master of science and doctor of philosophy degrees, all from the University of Michigan.

Gastonia (North Carolina) Gazette: A football clinic for high school coaches, players, and officials, in this area, has been established by Doctor Wade H. Breeland, a prominent Belmont dentist. The purpose is not only discussion of fine points of the game but demonstrations by grid players.

Philadelphia (Pennsylvania) Inquirer: Doctor Michael Patrick Creamer, 26-year-old graduate of Villanova College and Temple University's Dental School, was sworn in as a first lieutenant in the Army Dental Corps, by his father, Lieutenant Commander William Henry Creamer, USNR. This was the Commander's third son to join the armed forces.

Newark (New Jersey) News: At least one dentist is eagerly seeking competition. He is Doctor Walter Strilchuk, dentist in the boom town of Kitimat, British Columbia. He moved to the frontier town on the invitation of the Aluminum Company of Canada fourteen months ago and now is the only dentist for 7000 people.

New York (New York) News: Doctor Theodore Goldin, dentist of Yonkers, has the distinction of owning a dog, which has twice acted as a fireman. Vickie, a 12-year-old Airedale, woke the family by barking at 4 A.M. They discovered a fire in the basement, which was quickly put out by firemen. Ten years ago the dog woke the family when a fire broke out in the kitchen.

Norfolk (Virginia) Star Ledger: Missing teeth as a trademark of a football player may soon be out of date, according to a group of dentists who have developed a latex rubber mouth piece comfortable to wear, a good protector, and inexpensive to produce. The new development has advantages over mouth pieces that have been used for years. It is adapted to individual mouth formation, does not require the athlete to bite on it to hold it in place, does not interfere with breathing, and permits him to drink water.

"We know it's not perfect," Doctor W. B. Costenbader, spokesman for the dental group, explained, "but we feel it's a big step in the right direction."

The mouth piece is now in the process of being put into use on a full-scale plan by Granby and Virginia Beach High Schools and the Norfolk Academy.

Dallas (Texas) News: Doctor R. G. Dial, 58, for more than thirty years an Oak Cliff dentist and civic leader, was named Oak Cliff's Man of the Month for September. The selection was made by the editors of *Magazine Oak Cliff*, publication of the Chamber of Commerce, which carried this comment on Doctor Dial in a detailed biography: "Few have done more to encourage other newcomers in the profession, or worked harder in support of progressive legislation benefiting both dentists and the public."

Chicago (Illinois) Tribune: In order to test his anesthetic machine, which had just been returned from the repair shop, Doctor Bernard Fauchon, 29, of Brest, France, sat in his dental chair, slipped the mask over his face, and turned the valve. He was found dead three hours later.

Big Spring (Texas) Herald: Doctor C. W. Deats is a long-time enthusiast of trap shooting and has fared well in contests all over the country during the twenty-five years he has participated in the game. He considers a state shoot in Wichita Falls in 1951 as his most successful contest. He shot a perfect score of a hundred straight that year. Most amazing thing about this feat was that he had not even shot a gun for nine months prior to the contest.

At present he has an average of ninety-three out of a hundred, which he earned in Great Falls, Montana, last year. Doctor Deats calls trap shooting the cleanest sport of them all because no one tries to take any advantage of others, and the winners are determined by their skill alone.

Chicago (Illinois) Tribune: On a 33 x 125 foot lot, which is also occupied by a house in the front and a double garage and a workshop at the back, Doctor Stanley R. Korf has constructed a swimming pool 4½ feet at the deep end, 3 feet at the shallow, 22 feet long, and 15 feet wide at the widest points—room for 9000 gallons of water in all.

His project, which is located at 7606 Yates Avenue, took the most of three months last summer. With the aid of his wife's father, Doctor Korf installed wiring for underwater lights.

On a bricked terrace, his wife Betty provides box suppers for guests. The neighbors' children are welcome to enjoy the pool with Doctor Korf's daughter, 11, and son, 6, if an adult accompanies them. This luxury, which has brought much enjoyment to his family and many others, was reasonable in cost, according to Doctor Korf. The pool and filtration plant was completed for $1500. Counting lumber and fiber glass for the fence and stones for the terrace, the total was about $2000.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

M. B. Newman, DDS, 1410 Morris Avenue, New York 56, New York
A. Colburn, 16875 Sussex, Detroit 35, Michigan
Colonel William Perry, Rittenhouse Claridge, Eighteenth and Walnut Streets, Philadelphia 3, Pennsylvania
B. Vellat, 508 West Sixty-Second Street, Seattle 7, Washington
Mrs. Phil Jackson, 614 South Lee, Gastonia, North Carolina

(*Continued on page* 1388)

Jo Anne Crosby, 2139 Wellesley, Palo Alto, California
Adeline E. Cohen, Uptown Station, Box 125, St. Paul 2, Minnesota
Brownee Schrier, 4237 Garfield Street, Northwest, Washington 7, DC
Joyce A. Shaffer, 15 Rogers Place, Berkeley Heights, New Jersey
R. B. Moore, DDS, Allerton, Iowa
Mrs. Marvin M. Haney, PO Box 104, Lake Dallas, Texas
H. C. Smith, 5605 Old Suffolk Boulevard, Portsmouth, Virginia
Lt. R. G. Spahten, 4036th USAF Hospital, Walker AFB, Roswell, New Mexico
Paula Krysztop, 6603 Higgins Road, Chicago, Illinois
Bess Beavers, 705 Donnell, Grand Prairie, Texas

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be *acknowledged or returned*. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

THE PATIENT IS THE JUDGE AND JURY

(*Continued from page* 1363)

necessary, why not show him the "X-ray" and another patient education chart? "How deep is the hole?" Explain that it is necessary to treat the tooth, place a foundation or insulating restoration, and why it is necessary. It probably is routine with you, but the patient does not know. Surely *two* restorations and the time involved is *worth* more than one. Explain the advantage of properly condensing, contouring and polishing the restoration, and balancing occlusion, to prevent traumatic occlusion. *Put some value* into the service rendered. It has been said that *fear* keeps more patients away than anything else. I find that my attitude and a little explanation puts the patient's *mind* at ease, and gives him confidence. Then the "price-conscious shopper" becomes a satisfied patient and a "booster."

9711 *West Grand Avenue*
Franklin Park, Illinois

Q ASK Oral Hygiene A

Please communicate directly with the department Editors, V. Clyde Smedley, DDS, and George R. Warner, MD, DDS, 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Pin Inlay Attachments

Q.—A woman patient, age 25, had a cyst at the root of a lower right lateral incisor. The tooth and cyst have now been removed. What type of fixed restoration would you suggest, so that as little gold as possible will show?—D.P.G., Pennsylvania.

A.—We find pin inlay attachments most satisfactory for this type of restoration. If a roentgenogram shows the cuspid root to be as strong as usual, and the lateral pontic is set a little short of occlusal contact, one abutment in the cuspid should prove satisfactory.—V. C. SMEDLEY.

Inflammation of Gingivae

Q.—Why does the gingival tissue of a porcelain pontic become inflamed?

Is there any danger in ignoring this condition?

What would be the best way to correct this?—S.P.B., Kentucky.

A.—If you are speaking of a porcelain pontic in a fixed bridge. it is our experience that a porcelain pontic that fits too closely to the gingivae will result in inflammation. We have even seen cases in which a pontic pressed so tightly against the gingivae that necrosis resulted with a free flow of pus.

Again, a porcelain pontic that does not have a glazed tissue bearing surface will likely cause inflamation of the gingiva.

The danger of inflammation of the gingiva depends upon its depth and the possibility of a resulting necrosis.—G. R. WARNER.

Effect of Anesthetics

Q.—I have a patient for whom I have done some operative dentistry, using a local anesthetic, without any adverse effects. However, several weeks ago I gave her a tuberosity injection with a local anesthetic solution and prepared three teeth for restorations. The next day she called and complained of soreness and swelling in that area. The swelling was considerable, no discoloration. It subsided in two days.

The following visit, one week later, an infiltration injection with a local anesthetic solution for the upper right second bicuspid was given—anesthesia good. The next day there was a large swelling again with some slight soreness—no discoloration, cleared up in two days.

One week later I infiltrated for the upper cuspid, using a different local anesthetic, which was given slowly—the tooth was prepared for a veneer crown—anesthesia good. The next day the same result.

Her physician tells me she is also allergic to penicillin.

I have not done any further dentistry for about one month. I still have to prepare an upper bicuspid for a veneer crown.

I have considered the use of an antihistamine before procaine injection.

What is your reaction to this problem?—D. R., New York.

A.—It is difficult to account for the results following the use of local anesthetics as described in your letter. It may be assumed that your technique has not changed from that used in prior injections. You doubtless inject slowly; you are just as careful as ever about not having any alcohol in the needle, that your needle is sterilized, and that the solutions are not shelf aged with a consequent lowering of the pH.

It is possible that your patient has become sensitized to local anesthetic solutions, although such allergic reactions are rare. However, recently I had a patient who apparently is allergic to procaine, because she had a swelling of the tissues around the point of its injection, which was pronounced an allergic reaction by her physician.

The barbiturates seem to be helpful in the use of procaine, and they are not harmful. So it would be safe to try a mild dose of phenobarbital. I can think of nothing else to try in your case.—G. R. WARNER.

Occlusal Trauma

Q.—How do you determine which teeth are in traumatic occlusion when treating periodontoclasia? Also, what is the best method of relieving traumatic occlusion, and the step-by-step procedure?—J. C. G., New Jersey.

A.—We usually determine the presence of occlusal trauma first by an examination of the periapical intra-oral roentgenograms made by the long-cone technique.

We then test the centric occlusion by the method advanced by Doctor Stephen W. Brown[1] of Ashtabula, Ohio. This familiarly is known as the "tap-tap" method. That is, with the patient in an erect position, we teach a relaxed tapping of the lower jaw against the upper. Then with carbon paper between the right and left bicuspid and molar regions, we have the patient tap-tap; then relieve the carbon marked spots with a small stone, being careful to reduce the inclined planes and not to reduce the vertical dimension. In this letter, it is not possible to go into all the details of adjusting occlusion, so I would advise you to read the article to which I have referred. —G. R. WARNER.

Injury to Nerve

Q.—We have a twenty-nine-year-old woman patient who had a lower mandibular block injection, direct thrust technique.

The patient experienced an electric shock sensation on the lower third anterior and underneath side of tongue. She has a burning sensation in this area and is sensitive to coffee and toothpaste. Please give us your opinion and what to expect.—S. P. B., Kentucky.

A.—It is thought that it is almost impossible to penetrate the nerve sheath of the inferior dental nerve in making a mandibular block injection, as your experience

[1]Brown, S. W.: Disharmony Between Centric Relation and Centric Occlusion as a Factor in Producing Improper Tooth Wear and Trauma, DENTAL DIGEST, **52**:434-440 (August) 1946.

in the case presented in your letter would seem to indicate. However, when a blood vessel is penetrated, there may be sequelae, similar to those experienced in your case.

Injuries to the inferior dental nerve usually clear up in a few weeks, so your patient may soon expect relief from her unpleasant symptoms.—G. R. WARNER.

Secondary Radiation

Q.—I should appreciate any help that you may extend as to the following matters:

Enclosed you will find a roentgenogram that was clipped on my belt for a period of one week—I was always at the side or in back of the "x-ray" head, out of the way of direct or primary rays. My timer cord is a little more than 4 feet in length. My operatory is about 8 feet square.

Roentgenograms were exposed at 10 milliamperes.

The daily total of exposures follows:

Date	Total Seconds of Exposure
Tuesday	35 (pm only)
Wednesday	64
Friday	62
Saturday	31½
Monday	51½
Tuesday	10 (am only)

Total exposures in seconds for an average week was 254, or thereabouts. I make a practice of taking two bitewings with every prophylaxis.

My question follows—does the exposure of the clip on the film come within normal limits?

Your help with another problem will be appreciated.

Enclosed are two sets of roentgenograms taken about 10 months apart. The boy is about 15 years old, not too careful as to the amount of gum he chews daily, nor overly faithful as to brushing and mouth hygiene.

Can you suggest anything "besides laying down the law" to him to control this vicious and rapid caries that is occurring around his teeth? Also, for my information, what causes the deterioration to start as definite punched out areas, instead of penetrating the usual way as a straight line through the enamel into the dentine?—M.S., Nebraska.

A.—I am much interested in the details of the exposure of the film clipped to your belt for a period of one week.

I am surprised at the amount of radiation reaching the film as indicated by the sharpness of the paper-clip image. However, considering the fact that you used only 2,540 milliampere seconds during the week, I suspect the film you used as a check was an ultraspeed film. If this is true, one can understand why the paper-clip image is as sharp as it is, and you can feel that you are not receiving too much secondary radiation. However, you might have your blood checked to be sure you are safe.

The case of the boy whose teeth developed caries so rapidly in 10 months is of an all too common type. Your idea of "laying down the law" is right, particularly in regard to chewing gum.

The "pinched out" appearance of the penetration of the proximal caries is in keeping with the well-established action of caries after having penetrated the enamel; for example, the mushrooming action instead of direct destruction of the dentine of approximately the di-

ameter of the opening established through the enamel.—G. R. WARNER.

Stippled Enamel

Q.—The patient is a woman, age 47. I have taken care of her mouth for the past twenty years.

Until three and a half years ago, the upper left central incisor (labial surface), which was always smooth with no chalky areas at all, began to present a rough, stippled appearance on the gingival third.

From that time until now, the same condition appeared on the upper left lateral incisor, and then the upper right central incisor in the same region; but now the stippling has changed to small, irregular, crater-like pits resembling the holes seen on the surface of a cellulose sponge. They are in the enamel only.

All teeth are present except three, which are replaced with chrome-alloy removable dentures. The bite is good. Restorations present are not many. Home care is good. The diet is also good, and neither sweets nor lemon juice is used. There are no systemic conditions. The patient has been treated for emotional stress for the past ten years, and her physician says that whatever medicaments are being administered have no bearing on this problem.

I examined the teeth of members of the family for silmilar manifestations, but there were none.

I shall appreciate any help in this matter or an explanation of this condition.—J. D. P., Pennsylvania.

A.—Your most unusual case was presented well in your letter.

We have had a number of cases of loss of labial enamel on the maxillary incisors, but in each case it was traceable to the use of warm lemon juice water or dilute hydrochloric acid. In these cases, the loss of enamel has been more or less even and over at least half the labial surface of the affected teeth.

The fact that the enamel is affected in your case and not the dentine, makes one think of acid as the cause. But why the stippled appearance, as if perhaps the destructive action is centered on the lamellae?—G. R. WARNER.

Cheilitis

Q.—We would appreciate help in the following case.

A physician, age 59, who has been wearing upper and lower acrylic dentures for ten years, has now developed cheilitis in the corners of his lips.

I have taken him to two of our most prominent prosthodontists, who have checked his dentures and found them perfect, but in view of his condition, his bite was opened, and the cuspid area was built out in the upper denture. This did not help.

As this patient is connected with one of our better known medical groups, he has complete medical facilities. The following medical treatment has not brought any improvement:

Riboflavin, 40 mg. daily; heavy doses of multiple vitamins; ascorbic acid, 400 mg. daily; intravenous vitamin B complex; short course of Pyribenzamine® or benadryl. At present, ascorbic acid is being used. A patch test with acrylic was negative.—B. N., Louisiana.

A.—You have handled the case of cheilitis presented in your recent letter in a most thorough and well advised manner.

We have had a few similar cases in which the mouths were edentulous, but it so happened that there had been a marked loss of vertical dimension; when the vertical dimension was restored to what we

Fluoride makes the tooth more resistant to acid erosion and decay

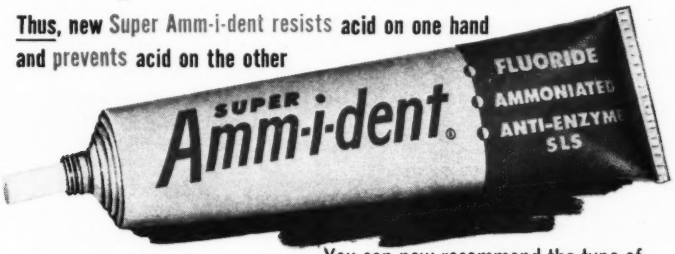
New Super Amm-i-dent contains sodium fluoride for extra protection against caries. This fluoride hardens the outer layer of the tooth—actually causes a change in the chemical structure of the surface layer.

The tooth, strengthened by the hardening action of fluoride, is much more resistant to acid erosion and decay.

High-urea and SLS raise plaque pH for better protection

High-urea and SLS, the ammoniated and anti-enzyme agents, protect the tooth by raising the pH of the tooth and plaque and maintaining it above 5.5 for more than 24 hours after a single brushing.

Thus, new Super Amm-i-dent resists acid on one hand and prevents acid on the other



You can now recommend the type of Amm-i-dent best suited for individual needs: white, chlorophyll, or Super with fluoride. All three contain high-urea and anti-enzyme SLS.

Super Amm-i-dent is an excellent cleanser—has a refreshing taste, is icy blue in color, foams well, is most pleasant to use. Try it. Look for the red carton and tube.

Amm-i-dent, INC. JERSEY CITY 2, N.J.

*Trademark, Amm-i-dent brand of sodium N-lauroyl sarcosinate.

considered normal, the condition cleared up.

One writer[2] advises the use of riboflavin or brewer's yeast. "Locally, 1 per cent yellow oxide of mercury clears crusts, and caustic silver nitrate coagulates fissures."

Another writer[3] advises the local application of simple zinc oxide ointment and the use of a mild alkaline mouth wash. This writer says "the prognosis is good."—G. R. WARNER.

Dark Stain

Q.—I have two patients, brothers, who are 7 and 10 years of age. Around the gingiva of every tooth, both lingual and labial, upper and lower, there appears a dark, black stain about a millimeter in thickness.

I inquired from the patients' parents as to what medicine they take. The parents said the boys take no medicine except Vi-Magna vitamins (drops). I also inquired as to what type of water supply they have and learned that they use city water. The parents have no trace of this stain whatsoever. Could you tell me why these stains form so rapidly (in two to three months), what is the cause, and what can be done to prevent the discoloration?—A. S., Connecticut.

A.—The problem, which you present in your letter, is one that we encounter occasionally.

I had a similar case a few years ago in sisters who lived in Boulder, Colorado, which has fine clear mountain water. The condition in this case persisted through the teen years, but finally cleared up. I simply carried on frequent prophylaxis treatments; the soft tissues remained healthy, and the caries incidence was exceptionally low.

I am sorry that I cannot tell you the cause of the condition in your case, as I could never assign a cause in my case.—G. R. WARNER.

[2]Miller, S. C.: Oral Diagnosis and Treatment, The Blakiston Company, Philadelphia, 1950.

[3]Prinz and Greenbaum: Diseases of the Mouth and Their Treatment, Lea and Febiger, Philadelphia, 1935.

FLUORIDATION IS NOT A CURE-ALL

FLUORIDATION is the best means we have to prevent dental caries, but . . . it is not a substitute for a total dental health program. This point deserves considerable emphasis. In too many places the impression is being created that all dental health problems will vanish if the water is fluoridated. The dental profession should make it clear that fluoridation is only one part of a good dental health program. It should be integrated with the teaching of oral hygiene, moderation in the use of sweets, dental examinations, and early systematic dental care of both the teeth and the gingivae.—H. K. BROWN, DDS, ONTARIO DENTAL JOURNAL.

NOW...

a mixing pad type of rubber-base elastic impression material for . . .

INLAYS

CROWNS

BRIDGES

It's Permanent
Models do not have to be poured immediately. Impressions are dimensionally stable. No moisture loss. No moisture pickup.

It's Elastic
springs over severe undercuts,

It's Tough
won't break or tear.

It's Accurate
copies minute detail, remains stable.

It's Simple
just spatulate, place in tray or band, carry to mouth.

It's Correctable
can be added to. Bonds ideally.

It's Versatile
can be used in tray or copper band.

It "Follows Through"
producing hard-surface models.

THAT'S KERR PERMLASTIC!

Order this great new product from your Kerr dealer TODAY!

KERR PERMLASTIC
the permanent elastic impression material!

KERR MANUFACTURING COMPANY

KERR PERMLASTIC

DETROIT 8, MICH., ESTABLISHED 1891

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ CXXXIV

(See page 1378 for questions)

1. (a). (Blair, V. P., and Ivy, R. H.: Essentials of Oral Surgery, Ed. 4, St. Louis, The C. V. Mosby Company, 1951, page 296)
2. Yes—the green stain is usually incorporated in the membrane. (Bunting, R. W.: Oral Hygiene and Preventive Dentistry, Philadelphia, Lea & Febiger, 1950, page 58)
3. True. (Bourgoyne, J. R.: Oral Cancer, Philadelphia, Lea & Febiger, 1954, page 117)
4. No. (Halperin, Victor; Kolas, Steve; Jeffries, K. R.; Huddleston, S. O.; and Robinson, H. B. G.: Occurrence of Fordyce Spots, Oral Surg., Oral Med. and Oral Path. **6**:1074 [September] 1953)
5. (a). (Sicher, Harry: Oral Anatomy, St. Louis, The C. V. Mosby Company, 1949, page 119)
6. The resultant mass of amalgam is small in comparison to the weight of alloy and mercury. (Mosteller, J. H.: Important Considerations in Mixing Silver Amalgams, N. Y. J. of Dent. **24**:311 [August-September] 1954)
7. (a). (Ewing, J. E.: The Porcelain Jacket Crown, J. of Prosthetic Dent. **4**:96 [January] 1954)
8. True. (Archer, W. H.: A Manual of Oral Surgery, Philadelphia, W. B. Saunders Company, 1952, page 6)
9. Because it is extremely irritating. (Fritz, J. R.: Carbon Dioxide Anesthesia, DENTAL DIGEST **60**:450 [October] 1954)
10. (a) (Accepted Dental Remedies, 20th Ed., American Dental Association, 1955, page 20)

DISEASE HAS MANY FACETS

TAGGING the etiological factor of a disease wins public acclaim; nevertheless, it is but a part of the problem.

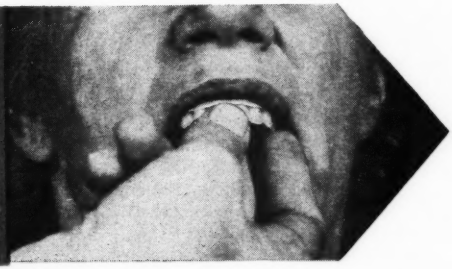
Karl Meyer says, "The more quickly it is recognized that causation is a constellation of predisposing, provoking and perpetuating factors, the more certain will progress be made." Thus, no disease, dental or otherwise, is an expression of any one factor alone; it has many facets.

Due to its manifold nature, no single avenue of approach is conclusive. Animal experimentations, and clinical observations are subject to interpretation.—A. LEROY JOHNSON, DMD, DENTISTRY AS I SEE IT TODAY.

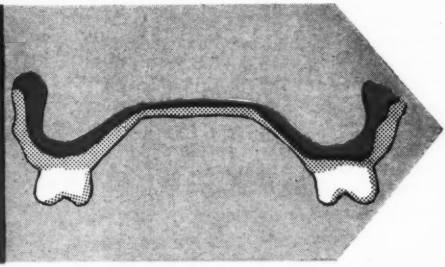
2 good pointers

for professional relining at the chair

First **Contak** *takes the impression*



Then **Contak** *relines the denture*



Because it flows freely under light pressure . . . without developing bubbles or voids . . . *Contak* produces a lining precisely as thin or as thick as conditions require. *Contak* sets on schedule, allowing ample working time. It unites chemically with denture material. Moreover, *Contak* is now completely colorfast. Patient satisfaction is assured indefinitely.

REGULAR PACKAGE only $6.50. Contents: 1 bottle powder, 1 bottle liquid (sufficient for 9 relines), powder measure, liquid measure, mixing jar.

CAULK *Colorfast* Contak

for direct relining . . . professionally

LAFFODONTIA

First Homecomer: "Shay, where ya goin'?"

Second Homecomer; "Nowhere, wanna come along?"

First Homecomer: "Yesh, le's go!"

★

"Raise the right leg and hold it at right angle to the body," commanded the sergeant.

A recruit raised his left leg by mistake, so that it was extended close to the right leg of the file at the left.

"Who's that raising both legs?" called out the sergeant severely.

★

Dumb: "Why can't we get married? You know I'm head over heels in love with you!"

Belle: "Sure! I'm just waiting till you get on your feet!"

★

"I'm going to make a parachute jump from 10,000 feet tomorrow."

"What if the parachute doesn't open?"

"Oh, that won't stop me."

★

"Mother, isn't your hair permanently waved?"

"My dear, what makes you ask such a thing?"

"I've been thinking. Why can't I have my neck permanently washed?"

★

Patient: "Doctor, isn't it somewhat out of your way to visit me here?"

Doctor: "Not too bad, I have another patient near by, so I'll kill two birds with one stone."

★

Wifey: "If I were to die tonight, would you remember me long, darling?"

Hubby: "Always, dear. You know the doctor said my indigestion was incurable."

Speaker Pullfast: "Nothing that is false ever does anybody any good."

Old Mr. Groot (in audience): "You are wrong, stranger. I have false teeth and they do me a lot of good."

★

There is no use living in the past. There is no future in it.

★

A burglar, in the act of breaking open a safe, was greatly astonished, on raising his head, to see a man intently watching his proceedings. He tried to escape, but the man stopped him, saying:

"Go on, my friend; I am deeply interested in your work."

"How so?" the thief inquired in great surprise.

"Because I have lost the key of this safe; and if you manage to open it, you shall be handsomely rewarded for your trouble."

★

Mr. Microbe—"Horrible catastrophe! Ten million lives lost!"

Mrs. Microbe — "Goodness gracious, Mike! What happened?"

Mr. Microbe—"The First National Bank, without a word of warning, sterilized a dollar bill."

★

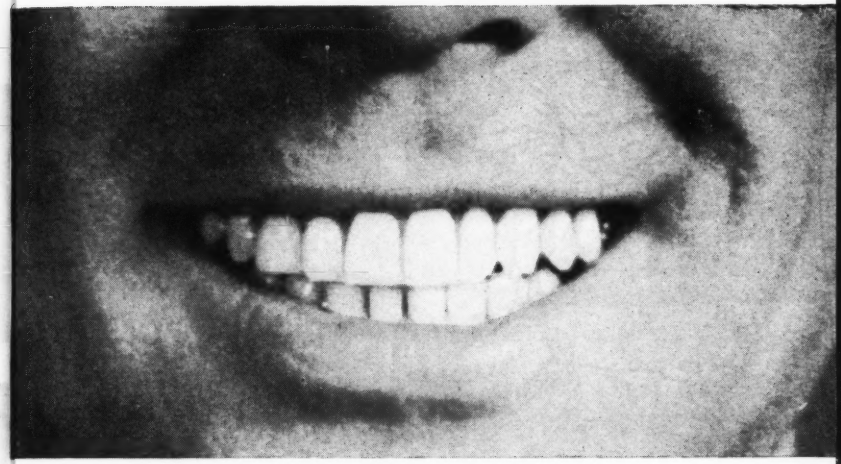
He (in night club): "I brought you here specially to ask you if you will marry me."

She: "Now, isn't that selfish! I thought you brought me here to give me a nice time."

★

From a Kansas newspaper: "A woman was overcome by gas today while taking a bath. She owes her life to the watchfulness of the janitor . . . " (Huh?)

Happier Patients *mean a* Healthier Practice



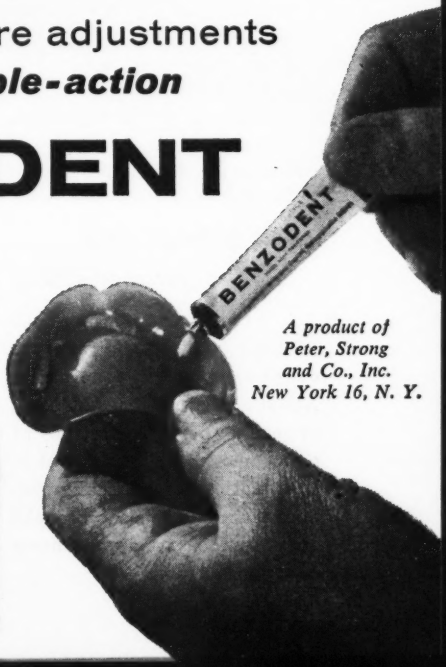
For happy denture adjustments break in with ***triple-action***

BENZODENT

1 **Analgesic**... relieves pain and discomfort; avoids needless trimming

2 **Antiseptic**... helps to heal sore spots as it controls infection

3 **Adhesive**... creates patient confidence by effective denture stabilization



A product of Peter, Strong and Co., Inc. New York 16, N. Y.

restlessness and irritability with pain

one of the 44 uses
for short-acting **Nembutal**

"FROM clinical observations of the drugs evaluated, codein and NEMBUTAL (*Pentobarbital, Abbott*) appear to be the sedatives of choice, most efficaciously used in combination. They usually produce rest and the sleep brought about by their use approximates normal sleep. The action of these drugs in combination is rapid; and if the patient is not disturbed, the sleep may continue from one to five hours. There are no undesirable changes in the vital functions." Abbott

Gurdjian, E. S., and Webster, J. E., Amer. J. of Surgery, 63:236, 1944.

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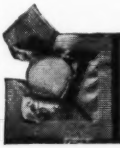
A New Development in Chemotherapeutics—

Di-Atomic Iodine

Released from



HELIOGEN®

Chloramine T—Potassium Iodide Tablets

Bactericidal

Virucidal **Fungicidal**

- ★ **Recent findings have shown that the DI-ATOMIC (I_2) form of IODINE has the greatest antimicrobial activity of this element.[1,2,3,4,5]**
- ★ ***HELIOGEN* instantly releases its iodine in DI-ATOMIC form when dissolved in water.**
- ★ ***HELIOGEN* solution is a NON-TOXIC,[6] NON-SELECTIVE and highly effective antimicrobial agent.[7,8]**
- ★ ***HELIOGEN* solution is used as a RINSE, GARGLE or SPRAY.**
- ★ **One tablet dissolved in water will release 22 mg. of DI-ATOMIC IODINE at pH 6.**
- ★ ***HELIOGEN* solution has been shown in vitro to destroy all three types of poliomyelitis virus.[8]**

DOSAGE:
1 tablet in 3 to 4 oz. of lukewarm water.

SUPPLIED:
Individually foil-wrapped tablets; boxes of 20, 50 and 250.

Bibliography:

1. Wyss, O., and Strandskov, F. B.: Arch. Biochem. 6:261, 1945.
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5. Carroll, B.: J. Bact. 69:413 (April) 1955.
6. Ryan, A. J., et al.: Am. J. Surg. 78:446 (Oct.) 1949.
7. Gershenfeld, L., and Witlin, B.: Am. J. Pharm. 125:129 (April) 1953.
8. Gershenfeld, L.: J. Am. Pharm. A. (Scient. Ed.) 44:177 (March) 1955.

Literature available on request.

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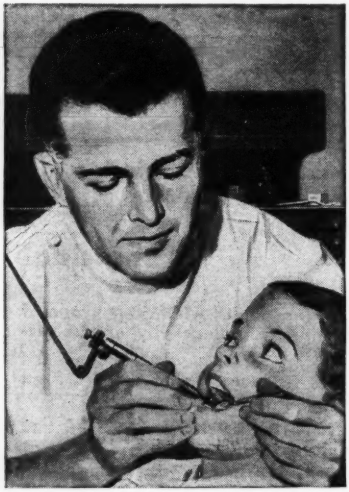
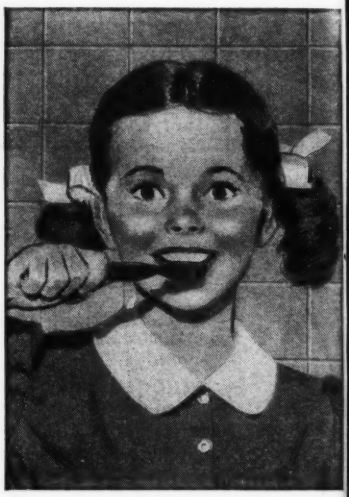
THE EVERYDAY MIRACLE OF CARIES CONTROL

In dental offices, and in homes, throughout the country, sound oral hygiene performs the everyday miracle of caries control. A dependable routine to combat dental caries requires three important factors working together.





1 Your careful prophylaxis, treatment of cavities, and toothbrushing instruction.

2 Your patient's loyal cooperation in regular toothbrushing at home, as you instruct.

3 The use of a pleasant-tasting, cleansing dentifrice, such as IPANA.

Clinical research shows regular toothbrushing with IPANA effectively removes food debris from gum margins, decreases tooth stain and brightens tooth color.

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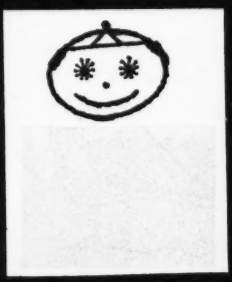
for elegance...
the superb
DELUXE dental towel

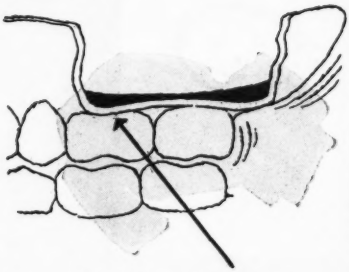
for satisfaction...
the famous
PROFESSIONAL towel



for economy...
the new PINAFORE

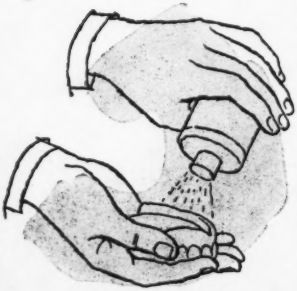
DENTAL DIVISION
Johnson & Johnson

How to Increase Denture Efficiency

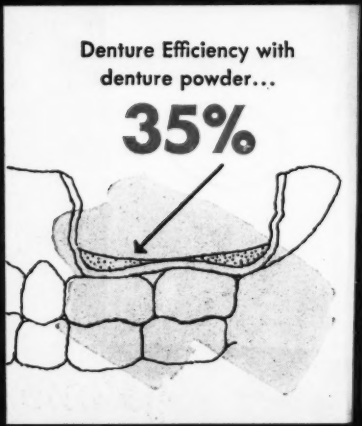


1 Proper mastication is greatly to be desired.

2



4 Denture fixative powder was then sprinkled on dental plates and the test repeated.



5 Average denture chewing efficie among the 100 patients increa materially.[3]

6

. . . clinical reports from a leading dental school.

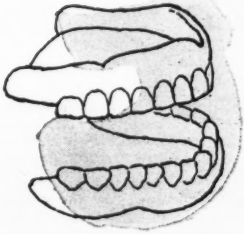
Efficiency of natural teeth...

100%

(2) Until recently there had been no precise comparison between natural dentition and dentures in masticatory efficiency.

Average Denture Efficiency...

26%



(3) Chewing tests among 120 patients measured average denture efficiency in terms of reducing food to a specific degree of fineness.[1, 2]

These carefully supervised clinical tests proved that denture powder

Increased eating efficiency

35%

FASTEETH—the denture powder used in these tests—is the pleasant-tasting, alkaline powder made exclusively by Clark-Cleveland, Inc., Binghamton, N. Y.

(6) Bibliography:

1. Manly & Vinton, J. D. Res. 30, 314-21 (1951)
2. Manly, J. D. Res. 30, 874-882 (1951)
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rebuilding essential — 5

The loss of tooth structure is the loss also of health and function. A tooth is an organ, living and functioning, and so requires to be restored to health and function as well as in structure—requires to be not merely repaired, but truly *rebuilt!*

True rebuilding requires certain definite conditions. As concerns the material for replacing the lost tooth structure, the fifth condition is that it be capable of *preserving* relative constancy of bulk. If its power to do that is less, then the tooth is not truly restored to virtual integrity—it is obviously *not truly rebuilt!*

As demonstrated daily, only one material fulfills the rebuilding essentials completely. *This boon is Gold Foil!* In constancy of bulk, it is supreme. It's free from shrinkage and expansion due to reactions between component elements. And its thermal expansion and contraction approximate those of the dentin itself.

To learn more about this wonderful material, mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.,** 2314 Market Street, Philadelphia 3, Pa.—Established 1820.

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is capable of rebuilding truly!

Prevent GAGGING

when taking
X-RAYS and
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NEW

XYLOCAINE® PREPARATION
(Palatably flavored)
FOR ORAL USE

- **QUICK-ACTING**
- **POWERFUL**
- **NON-SENSITIZING**

Directions for use: 1 or 2 teaspoonfuls, swished around in the mouth for a few seconds and swallowed.

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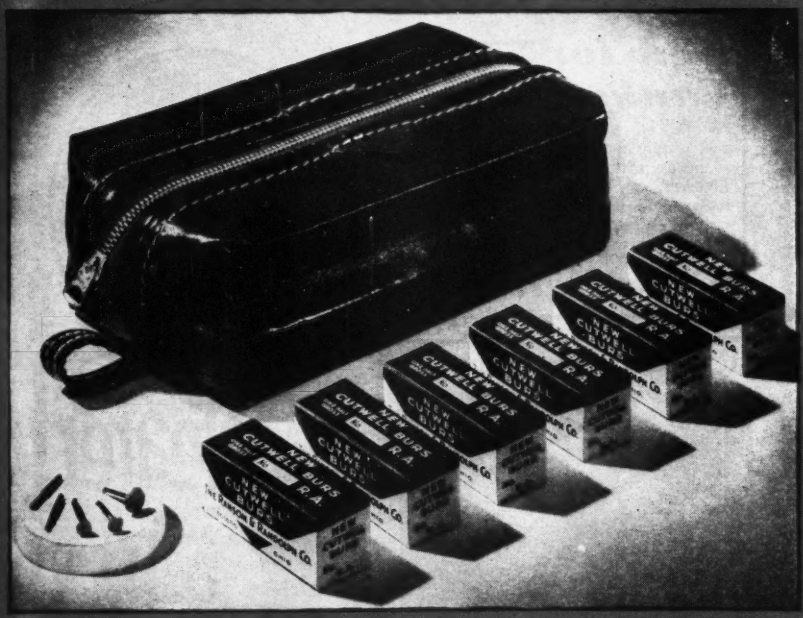

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Smart for travel—this attractive tan zipper-closing collapsible toilet case now available with varied assortments of burs and diamonds, or burs only.

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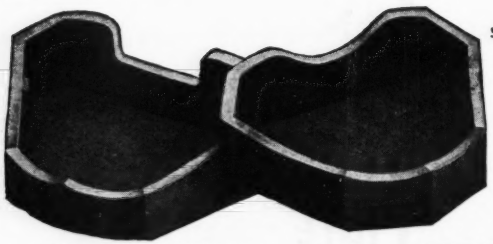

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These Extra Large Model Formers speed up making symmetrical bases for study and work models of extra large impressions. They eliminate boxing-up, fussing and trimming. Just the thing for models of alginate impressions, which run notoriously large. Base comes out of the flexible rubber former smooth, symmetrical, and perfectly finished.

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PLEASANT — GENTLE — TASTELESS AND A *Powerful Anesthetic Action*

- Non-Toxic
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Surface Anesthetic

Order from your dental dealer

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Cushioned dentures

are a reality with

VERNO-SOFT

on VERNONITE

Because the advantages of cushioned dentures are so obvious, dentists have long been searching for a soft acrylic material that would stand up in the mouth.

VERNO-SOFT on VERNONITE dentures has been clinically tested over the past year by 60 prominent dentists. These men have made over 300 new dentures and many more relines using VERNO-SOFT in the hard palate area and around the peripheral border of the upper denture, and covering all the tissue bearing surface of the lower. Their findings have demonstrated conclusively that VERNO-SOFT virtually eliminates slipping, skidding and gliding of the lower — and in all of the dentures made in the field tests — none has cracked, peeled, discolored, nor needed repair or reline.

Furthermore, all dentists report that VERNO-SOFT, while saving countless chair hours in adjustments, gave patients far greater comfort, beginning with the initial insertion of the denture.

Developed by the makers of Vernonite Powder and Monosol Liquid, the superior acrylic denture base.

VERNON-BENSHOFF COMPANY, PITTSBURGH, PA.

new...improved
ELASTIC IMPRESSION POWDER
gives 100% accuracy...

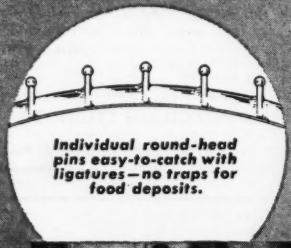
HIGHER VISCOSITY
This new high viscosity formula prevents material from seeping down patients throat during the taking . . . and Lang's smoother, creamier mix assures 100% accuracy in the resulting impression every time!

ABILITY TO HOLD WATER
Lang's Elastic will not lose water rapidly to the atmosphere as others do. No dimensional change occurs if model is poured in reasonable time. Its the most accurate impression material produced.

ELASTIC IMPRESSION POWDER

Lang Dental Manufacturing Co., Chicago 13, Ill.

WINTER FRACTURE SPLINT



Individual round-head pins easy-to-catch with ligatures—no traps for food deposits.

The Genuine Winter Fracture Splint is made of strong, easy-to-bend nickel silver covered with *untarnishable rhodium*, the hardest and whitest of the six platinum metals.

The individual, smooth, round-head pins allow easy shaping of the splints before ligating to the teeth. They are very easy to catch with the elastics and leave no trap for food deposits.

Two splints, sufficient waxed silk ligatures with .020 rhodium covered soft brass ligature wire, a complete unit with instructions—everything you need in an emergency.

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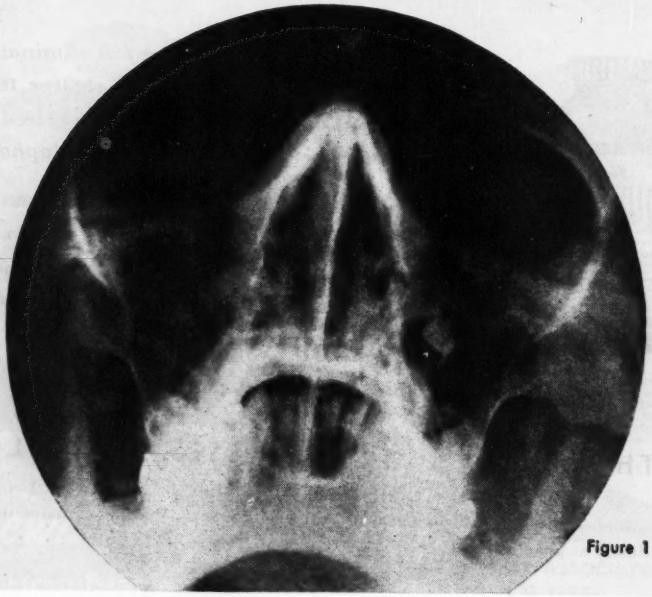

Figure 1

If at first you don't see it

The above radiographs illustrate a case in point.

Medical examination had revealed that sinuses did not transilluminate well, so a radiograph was made (Figure 1). Study revealed an impacted or embedded tooth. To examine the area more closely, an occlusal radiograph was made (Figure 2). Because it failed to show the impacted tooth clearly, a second occlusal radiograph was made from a slightly different angle (Figure 3). Examination now showed not only an embedded adult cuspid but clear indication of a dentigerous cyst.

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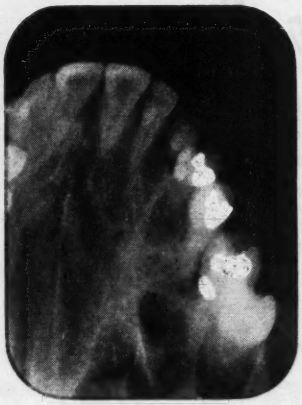

Figure 2

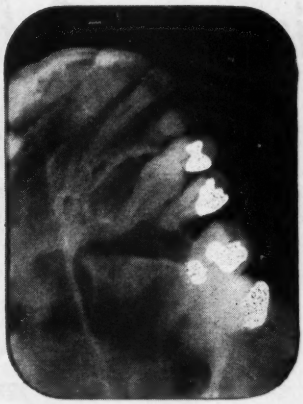

Figure 3

...*try again*

MORAL: Make the necessary radiographs, of course. But make sure that they provide the necessary diagnostic information. And, to be certain of top quality results, always use dependable, *uniform* dental x-ray film . . . follow correct, *uniform* exposure and processing technics.

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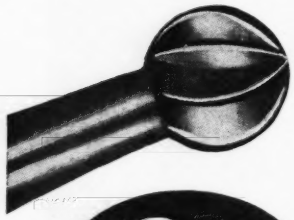

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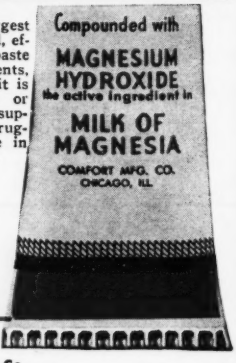

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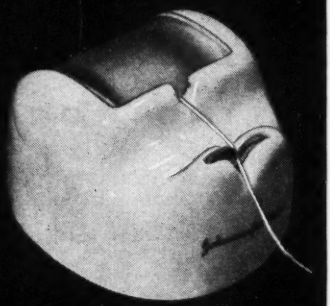

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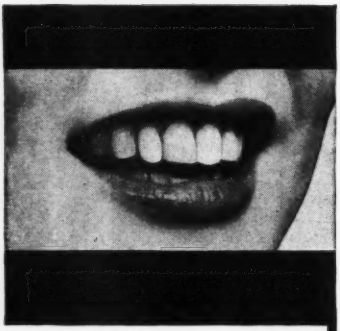

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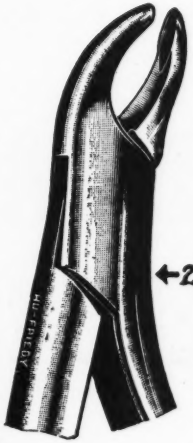

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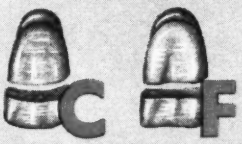
3 Dominant labial character (Curved or Flat) may be obtained from pre-edentulous records or if none exists, the dominant labial characteristics of near blood-relatives will serve as a guide.



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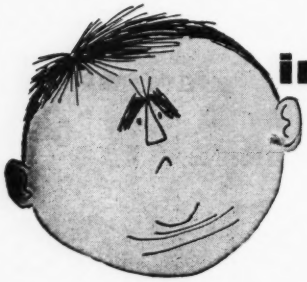

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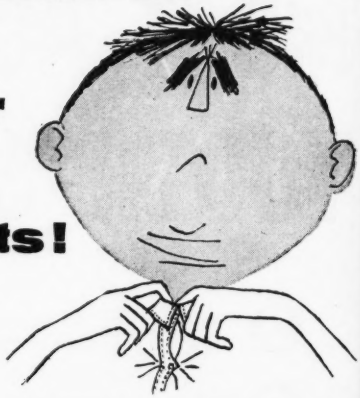

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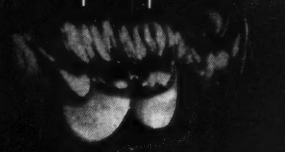

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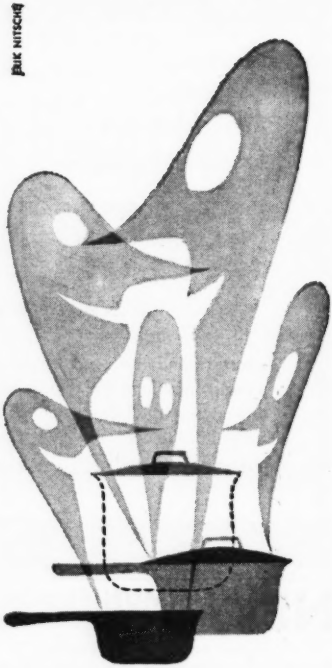

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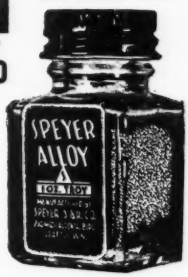

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ADVERTISING INDEX

WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

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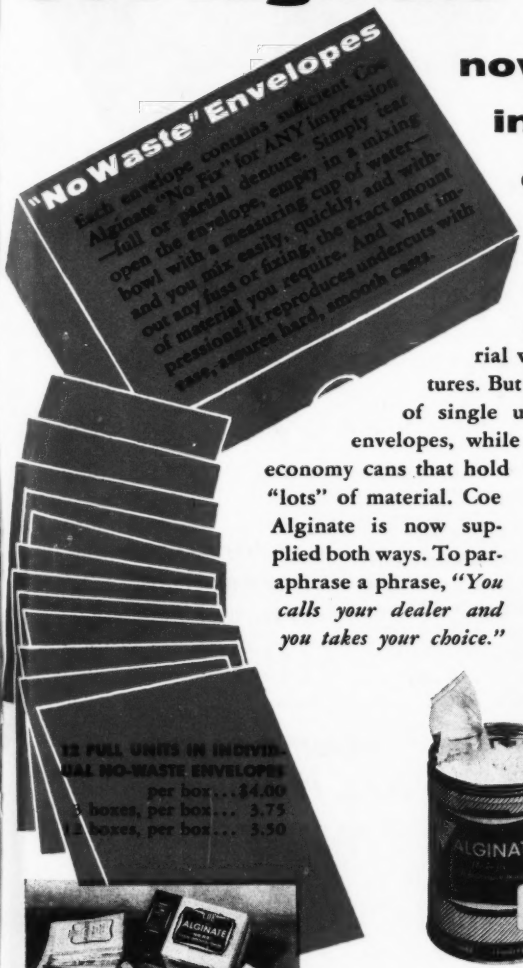

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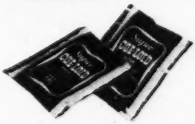

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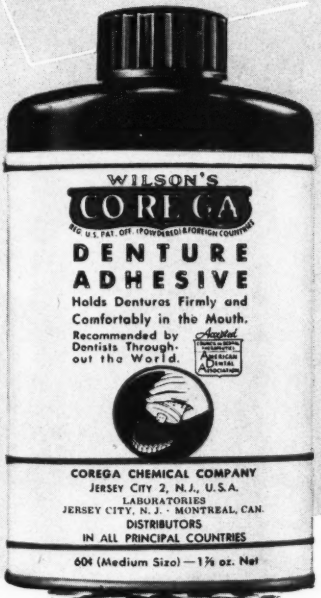

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